THE SENSE OF IMMORTALITY

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I

Immortality has been variously asserted, denied, debated, discussed, worshipped, and ridiculed. The net result of the whole mass of arguments has been summarized by David Hume: 'Nothing could set in a fuller light the infinite obligation which mankind have to divine revelation, since we find that no other medium could ascertain this great and important truth.' To the mystical philosopher, and particularly to the theologian, it is a basic problem concerned not with testing and verifying an assumption or an hypothesis, but with the intricate endeavor to prove that immortality is irrefutable. One gains the impression that there is an obsessional taint to such thinking. Whether the preoccupation with immortality is called faith or a fundamental human need matters little; phenomenologically it appears to be a preoccupation which bears all the earmarks of an obsessional reaction. The rationalistic and materialistic matrix of modern life gives the impression (erroneously as we shall presently see) that we are free from this idle preoccupation with the question of our immortality, that we even attempt to deny it because its non-existence seems to be taken for granted. If this were the universal attitude, the title of this paper would have been a misnomer, or the designation for a purely pathological phenomenon. Let us, however, examine a few salient facts.

We may observe first of all that outside the realm of pure theology there are a goodly number of people preoccupied with the problem of immortality who, as enthusiastic amateurs or pseudo-scientific cranks, devote a great deal of time and energy to so-called communication with the dead and to conjuring up the reappearance of people no longer living. In so doing, they hear or feel the breath of dead people, hear the voices of the

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departed and on occasion they may even discern the ectoplasmic materialization or the motor activity of the dead in the raising or dropping of objects. In other words, in an effort to establish the fact of immortality or to deny the existence of death, these people endow the allegedly eternal spirit with many physiological characteristics which by definition should have died with the body. One is tempted to suspect that in his effort to establish the fact of immortality, man takes the word almost literally to mean the immortality of the whole person—body as well as soul. This is not entirely true, of course, for no theory of immortality, nor any 'psychic' demonstration of its validity, claims that the dead multiply among themselves; their procreative functions cease with their existence on this planet: they are de-sexualized. It is singular, is it not, that the very thing that the biologist is inclined to consider as the bearer of immortality, the germ plasm, and the very impulse that is responsible for the continuation of life, the sexual impulse, should in the fantasy of man be the very thing and impulse that dies forever? Thus a paradoxical conclusion: that which is considered as the bearer of future life (the sexual instinct and its biological source) becomes an irrevocable past, and that which is considered most perishable (a person's voice, reasoning capacity, motor activity, contact with life on earth) becomes the permanent thing—the future. True, the sexual instinct was not always excluded from the beyond. There was a time when it was allotted to certain spirits but these were always the satellites of the Spirit of Evil and of Lucifer himself, in whom the sexual instinct was not individual and differentiated but rather amorphous and labile. This explains why the devil was endowed at once with both masculine and feminine sexuality, appearing now as an incubus and now as a succubus. Thus man in the exercise of his fantasy of immortality lets his whole sexual life go to the devil. We may say in a general way that the first impression one gains from a glance at the common fantasy of immortality is that we try to save ourselves *in toto* minus our sexual lives, that something impels us to save a certain part of ourselves and that that part, whatever idealized

and spiritualized name we may give it, still includes our body.

However, before entering into a more detailed discussion of this aspect of the problem, we must note that the foregoing, interesting and suggestive as it may be, does not appear sufficient to justify our implied assumption that there exists in us a certain imperative sense of immortality. It is true, one would say, that an immense number of people are religious and believe in a hereafter; it is also true that a great many people are mystically inclined and tend to believe in the validity of psychic phenomena of immortality; it is also probably true that a great many conscious skeptics unconsciously tend towards the same mysticism. The increasing influence of science is gradually doing away with this mysticism which is based on ignorance and tradition. Enlightenment and the iconoclastic power of greater knowledge give us increasingly convincing evidence that human beings are divesting themselves, no matter how gradually, of these fetters of tradition; therefore, one might assume that the suggestion that an inherent sense of immortality exists in man as a sort of primary instinct is not valid.

Let us test the validity of this objection. We know that the same primary drive may bear different names and assume different guises. It is unnecessary here to expatiate by way of example on the transformation of instincts and the various vicissitudes they undergo in the process of this transformation. Eating, biting, incorporation, identification, self-destruction are but a few names meaning in the final analysis one and the same primary thing. We may therefore observe that the feeling denoted by the word *immortality* is also called at times *future*. The various Utopias which man has fabricated since time immemorial are but fantasies and expressions of the same trend; there is hardly a politician, be he burgess of a town or a Napoleon, who does not invoke the future, the generations to come, to justify his present effort and to inspire his listener with the fire of *hope* of doing something which we, the living, may never enjoy completed, but for which we will continue actively to live. Our children and grandchildren, so runs the adage, will enjoy a better life through everything we do and

will do to build a greater future. The very concept of progress, the most potent of all concepts postulated by the social sciences (almost as potent as that of salvation in theology), is but another denomination for our inherent drive to assert our immortality. It is difficult in this respect to discover any *psychological* difference between religious dogma and sociological theories—the religious dogma that teaches us to treat this life on earth as something temporary, ephemeral, and to utilize it only as a stepping stone on the road to a greater, eternal and perfect future, and the sociological theories, reactionary or revolutionary, which with the banner of progress duly hoisted, always treat our historical present merely as a transitional stage, during which it is worth while to make innumerable sacrifices for a bigger and better future. When I say there is no basic *psychological* difference between these two modes of looking at life, I am fully aware of the realistic and pragmatic difference, just as I am aware of the difference between the sense of depressive loneliness and brilliant oratory, both of which spring from the same instinctual sources and conflicts (oral aggression). The point to be emphasized is that there seems to be something elemental in our capacity to project ourselves into a remote non-existent future which we know in advance we shall personally never achieve. The terrific energy with which such fantasies become invested (think of all the slogans of wars and revolutions) bears ample testimony to the fact that we are dealing with something more than tradition or ignorance or both. The exquisite intuition of Napoleon sensed the value of this worship of our own immortality when, in reviewing the fatigued men of his Egyptian campaign, he exclaimed: 'Soldiers, forty centuries look upon you from these pyramids'. The bleak outline of the desert was too realistic to inspire hope in the future of the tricolor or otherwise kindle the sense of heroic immortality in the hearts of the gloomy men, but by one of those swift and mysterious preconceptions of true psychological knowledge which was so characteristic of him, Bonaparte linked his soldiers with forty dead centuries which were *alive* and

looking upon them; instantaneously death ceased to exist as a fact or potentiality and the rank and file became immortal.

Aside from the formal religious or sociological manifestations of the belief in immortality, and aside from its appearance during such cataclysmic moments as wars and revolutions, there are a number of instances in normal daily life which indicate the same attitude. Take as an example the funeral ceremony: we honor the dead man as if he were alive; in our eulogy we may dramatize this attitude by directly addressing the departed and bidding him good-bye as if he were able to hear us. Our usual ambivalence manifests itself here in truly schizophrenic fashion: we know that the person is dead but we behave as if he were not, because a part of us 'knows' in some hallucinatory manner that he still lives. We also have normal hallucinatory experiences; we hear the departed open the door, we hear his voice—our whole being seems to deny his death. This attitude of ours as Freud puts it, 'is of course impotent to arrest the hand of death; when it has fallen we are always deeply affected, as if we were prostrated by the overthrow of our expectations'. Only time, that is, prolonged and laborious psychic work, finally convinces us that he who has left this life will never return. Nor is our attitude towards our own death any different, though because it concerns us more intimately than the death of another, it possesses certain purely personal characteristics.

Thus we seem always to exclude death from our spontaneous calculations. This was pointed out by Freud a little over twenty years ago in his Thoughts for the Times on War and Death (1915): 'Our own death is indeed unimaginable, and whenever we make an attempt to imagine it we can perceive that we really survive as spectators', and '. . . it is indeed too sad that in life it should be as it is in chess, when one false move may lose us the game, but with the difference that we can have no second game, no return match; in the realm of fiction we discover that plurality of lives for which we crave. We die in the person of a given hero, yet we survive him, and are

ready to die again with the next hero just as safely.' 'The psychoanalytic school could venture on the assertion that at bottom no one believes in his own death, or to put the same thing in another way, in the unconscious everyone of us is convinced of his own immortality.' While this last statement appears to me incontestable, it requires closer examination, because there does seem to be an essential difference between one's inability to conceive of one's own death and the conviction of one's own immortality. To feel one's self non-mortal, to know nothing about one's own death, does not necessarily mean that we carry a conception of our own immortality, for immortality as the concept manifests itself in human behavior—religion, philosophy, social Utopias—appears to carry in itself such a potent charge of psychic energy that it must spring from sources other than unconscious ignorance of death. Freud sensed this when he stated in the same article: 'We ask what is the attitude of our unconscious towards the problem of death. The answer must be: almost exactly the same as primitive man's. In this respect, as in many others, the man of prehistoric ages survives unchanged in our unconscious. Thus our unconscious does not believe in its own death; it behaves as if immortal. What we call our "unconscious" (the deepest strata of our minds, made up of instinctual impulses) knows nothing of negatives or of denials—contradictories coincide in it—and so it knows nothing whatever of our own death, for to that we can give only a negative purport. It follows that no instinct we possess is ready for a belief in death. This is even perhaps the secret of heroism. The rational explanation of heroism is that it consists in the decision that the personal life cannot be so precious as certain abstract general ideals. But more frequently, in my view, is that instinctive and impulsive heroism which knows no such motivation, and flouts danger in the spirit of Anzengruber's Hans the Road-Mender: nothing can happen to me. Or else that motivation serves but to clear away the hesitation which might delay an heroic reaction in accord with the unconscious. The dread of death, which dominates us more often than we

know, is on the other hand something secondary, being usually the outcome of the sense of guilt.'

These lines were written by Freud five years before he suggested the existence of a death instinct in Beyond the Pleasure Principle. We must bear in mind that by purely formal thinking which for a short time threatened to become a habit of psychoanalysts whenever the question of the death instinct was discussed, one might derive a number of formal concepts of death and immortality. Thus the death instinct projected outward might not only become the instinct of eternal aggression but also the drive towards immortality. If, however, we confine ourselves to purely empirical and pragmatic thinking, as we have always done in analysis, we shall observe that the sense of immortality is almost never associated with eternal aggression. The hero who conceives of himself as immortal and is not only unafraid of death but is actually ready to accept it, the suicide who kills himself in order to continue in his fantasy to live forever, the son or the wife of the primitive chieftain who joins him in death prompted by faith in the continuation of life—these are all nearer to a masochistic than a sadistic orientation. In brief, while formal thinking would lead us to believe that immortality is a derivative of sadistic impulses, it appears always, or almost always, to be associated with masochistic ones. Why this should be true is a question which can be partially answered only after we examine the various manifestations of this theoretical paradox.

II

We have spoken now of the reaction of man's whole personality towards death and immortality. It is obvious that such a general approach throws little, if any light on the problem. We have mentioned that the unconscious knows no death. Our conscious minds, on the other hand, are keenly aware of death, without knowing much about it. It is evident that a certain dissection of our psychic organization is required in order to understand more fully the dynamics and the economics

of the attitude under consideration. Two questions arise: (1) What are the instinctual forces which enter into play as soon as the problem of life and death is faced and finally solved in favor of immortality and (2) which topographical units of the human personality play the decisive rôle in this solution of the problem? Let us discuss the second question first.

The references made above to the unconscious had in mind the id. As the reservoir of undifferentiated instinctual impulses, the id knows nothing of death; therefore it is legitimate to assume that while it may behave as if it is immortal, it really is not the direct bearer of that forceful fantasy of immortality which generates so many patterns of behavior, normal and pathological.

Even a casual glance at the reactions of the ego gives us at once a sense of confusion. Psychoanalysis has yet to formulate a comprehensive psychology of the ego. Theoretically, if unhampered by anything untoward, it should in this problem be inclined to align itself with the id, first because it is from the latter that it obtains its energy, and second because it knows little of death since it deals with reality which is life. Actually however, it is much more active in dealing with the problem. The process may be schematically outlined as follows: at the approach of death (in reality or in fantasy) the ego is called upon to perform a very difficult task. It is always charged with a goodly amount of instinctual energy (from the id) which it seeks to express on and through reality; consequently this energy is always more kinetic than static and is always on the verge of motor expression. Any obstacle to this expression (fantasied or real) inevitably produces that tension which Freud called *Bedürfnisspannung*; this tension should produce anxiety. At the approach of death (fantasied or real) a very severe damming up of energy must occur with its concomitant or resultant severe tension, that is, severe anxiety, panic, known as death anxiety. Yet in reality this anxiety seems to be totally absent on many occasions when one most expects it. It is either mastered in some complex automatic way (as suggested by Pfister, for instance) or it may not exist at all except in our

rational theoretical assumption. At any rate, empirically the ego seems to ignore death much in the same manner as the id ignores it. A most striking example of this is cited in Kropf: [1] 'Some time in 1888 a fire broke out in the diamond mines in Kimberley. As he was running along the tunnels in an effort to escape, a white man stumbled upon a group of Kafirs who were sitting in a circle, quietly smoking their pipes and chatting. "What are you doing here?" exclaimed the anxious white man. "We are awaiting death, Sir", they answered with a smile. Convinced that escape was impossible, they seemed to submit to their inevitable fate without the slightest complaint. This same group of primitive stoics was later found lying in a circle, their pipes extinguished and themselves dead.'

This striking example of equanimity in the face of death is instructive for it suggests a primitive adaptation not unlike that found among the most civilized white races. Similar illustrative material is provided by those persons who experience a sudden accident or who take active part in a war. It is known, for instance, that if fear of death appears at all, it is only for a fleeting instant at the first moment of the accident; throughout the accident the individual seems to feel calm, even serene, or at times he experiences a desire to laugh. Real fear, dread, horror, come to the foreground later in the classical form found in traumatic neuroses. Much in the same manner, the soldier on the battlefield (when he happens to be alone or not fully aware of what his companions are doing) is singularly devoid of fear of death. To be more specific, let me cite a patient who saw active service during the last war. He had been at the front for some time and wanted a few days' leave to go to Paris. According to all the rules (the certificates of leave were usually handed out as a matter of routine) he was entitled to this leave. It was evening, and the patient breathed a deep sigh of relief as he left his unit to present himself at the desk of his superior officer. The latter questioned the young

[1] Kropf, A.: *Das Volk der Xosa-Kaffern.* 1889. p. 156. Quoted by Wisse, J. in *Selbstmord und Todesfurcht bei den Naturvölkern.* Zutphen: W. J. Thieme & Cie., 1933.

lieutenant as to what duties he had performed and to the consternation of our patient, ordered that since he, the lieutenant, had not yet done night patrol duty he should proceed with it at once. 'We are in need of certain information so don't come back without a prisoner.' This meant a live enemy soldier or the equivalent, that is, a uniform bearing the insignia of the enemy units in that region. Our lieutenant suppressed a painful curse and with a sharp 'Yes, Sir' proceeded to carry out the assigned task. The young man was an anxious, tense person, who was at that time, and even before he had enlisted in the army, clinically a well-defined anxiety neurosis. His task that night was extremely hazardous and meant almost certain death for him as well as for his two or three companions. Yet—and not a detail of that night seems to have been forgotten during all these years—he experienced no fear of death. He felt angry: on account of 'that bum' he might now be 'knocked down' and thus be unable to go on leave; and he was apprehensive lest he fail in his mission and be deprived of his pleasure of a visit to Paris!

I may relate similar reactions from my personal experience. I have lived through two automobile accidents and am unable to recall the least sense of fear at the moments when the cars collided. On the contrary, I can remember a state of serenity, of almost cheerful calm as if nothing of great importance were happening. For a moment or two the whole matter appeared almost amusing. Too, my memories of the battles in the streets during the Russian Revolution or in the trenches at the front seem to corroborate the impression that in the face of death, serenity and calm are more frequent than any opposite emotions. An interesting sidelight: as long as no wounded or dead fall in one's immediate neighborhood the absence of fear is almost universal. One may walk along a street of a great civilized city, or along a line of trenches, hear bullets whistle, artillery boom, shrapnel burst and still feel calm. All sorts of things which in retrospect seem extremely strange are uppermost in one's mind—thirst, hunger, or other normal physiological needs of the body. But as soon as one sees another

person fall, comrade or enemy, anxiety may begin to mount and reach at times extreme intensity. Why this should be true we may be able to answer later.

The above observations and experiences seem to coincide with those of Pfister.[2] Pfister reports the case of the Zürich professor of geology, Dr. Albert Heim, who, as a result of a sudden bad fall while climbing a mountain, studied his own and a number of similar cases. Heim stated: 'Ninety-five per cent. of these unfortunate people, regardless of education, undergo identical psychological experiences which differ only in degree of perception. As regards death through a sudden accident, in almost every case the same psychic state sets in. . . . One may describe it as follows: No pain is felt, still less that paralyzing fear which is usually awakened by lesser dangers, such as fire for instance. There is no anxiety, no trace of despair, no anguish; more frequently there is calm earnestness, deep resignation, overwhelming psychological security and swiftness of thought. Thinking activity is enormous . . . the circumstances of the accident and the eventuality of the final outcome are considered with clear-cut objectivity—there is no confusion of thought. In many cases one's total past life suddenly passes in review before one's mental eye. The falling man frequently hears beautiful music and then he falls into a wonderful sky which is covered with rose-colored clouds. Then at the moment he touches bottom unconsciousness sets in without a single pain.' [3]

It is remarkable that during the period when his past life swiftly rushed through the consciousness of the falling man 'everything was beautiful, without pain, without anxiety or anguish; even the memories of very sad experiences of the past were clear but devoid of their sadness.' During his fall Dr. Heim had the clear thought that his companions, among whom was his brother, would be frightened when they saw him

[2] Pfister, Oskar: *Schockdenken und Schockphantasien bei höchster Todesgefahr.* Int. Ztschr. f. Psa., XVI, 1930, pp. 430–455.

[3] *Jahrbuch des Schweizer Alpenklubs.* XXVII Jahrgang (1891 bis 1892), Bern, 1892, pp. 327–337. Quoted by Pfister, Oskar: *Op. cit.*, p. 431.

finally hit the ground and he decided to shout to them, whether hurt or not, 'I am not harmed at all!' Dr. Heim states, however (and with great psychological insight for a geologist), that there appeared to be a need 'to review one's own life which apparently was coming to an end, with a recitation of events as if it were a funeral oration'.

Pfister is undoubtedly right when he remarks: 'What a strange, not to say an unworthy rôle one's consciousness plays in these cases'. Apparently even psychoanalysts have difficulty in ridding themselves of the overestimation of the human ego; however, the ego itself seems more concerned with the narcissistic self-protection (from pain) than with man's narcissistic overvaluation of it.

We have considered thus far the reaction of the ego to a more or less sudden impact that threatens it with more or less sudden death. On the basis of the above considerations we have the right to conclude that real death of someone else under most ideal circumstances would hardly affect the ego, for *unless some other element intervenes* the ego may proceed with its business of living as if there were no death. Like the id, it would behave as if it were immortal.

A nice example of such an attitude, in the form of a psychopathological episode however, is reported by Dr. Ernest Jenny.[4] It again illustrates the ego's fantastic ability to destroy the very thing it lives on: reality. Dr. Jenny witnessed the fatal fall of his companion Andreas Fischer. As he saw his friend outstretched, bleeding through his mouth and nose, and as he heard the rattle in his throat, Jenny laughed inwardly and said to himself: 'It does not matter, he only looks like Fischer; moreover, the whole thing is but a dream'. About an hour later, when he was quite a distance from the corpse 'something began to dawn on him' and he repeatedly asked his guide: 'Where is Fischer? There were three of us, weren't there?' Only after the guide had told him that Fischer was dead did

[4] Fischer, Andreas: *Hochgebirgswanderungen in den Alpen und im Kaukasus.* Herausg. v. Ernst Jenny. Frauenfeld, Huber & Co., 1924. Quoted by Pfister, Oskar: *Op. cit.*, p. 445.

Jenny perceive for the first time the pain caused by fractures of his own breast-bone and two ribs.

We find the same denial of death and absence of manifest anxiety in many dreams of the normal and the neurotic. A particularly interesting example of such a dream was found among the papers of Mary Berry after her death. Mary Berry was an exceptionally gifted person. Horace Walpole was hopelessly in love with her, but she paid little attention to this old suitor and what appears to have been his last great passion. Mary Berry was the recognized leader of the literary *élite* and, in the words of Lytton Strachey, when she and her sister died in 1852 'aged eighty-nine and eighty-eight, the eighteenth century finally vanished from the earth'. Mary Berry died a maiden lady, but in her early twenties she had been in love with a General O'Hara, became engaged to him and, for a while, lived in happy anticipation of marriage. General O'Hara, stationed at the time in Gibraltar, was extremely successful in upholding not only the reputation of the British army, but also—if not particularly—his own high standard as conqueror of the fair sex. Mary Berry, when she heard of her fiancé's adventures, broke off their engagement. She never fell in love again, but spent the rest of her life as a charming, aggressive, ever-popular and ever-influential leader of literary and quasi-political salons. At the age of eighty, surly, and carrying somewhat tremulously the social diadem as the uncrowned Queen Victoria of Curzon Street, and apparently with a sense of approaching death, Mary Berry dreamed one night that she was young and happily married to General O'Hara. She was so happy that she 'prayed to die before this beautiful vision of life fades as fade it must from my senses'. She was about to have a child and turned to a friend saying that she must live to give the General a child, for only then could she 'be convinced that I have exhausted everything that can make life desirable'. The idea of death must frequently have visited the thoughts of the old lady of eighty. In this dream the anxiety about death was transformed into

nothing more than a figure of speech: she was young and with child—with life—and without a tinge of anxiety.[5]

Let me cite a dream related by a woman patient. Although nothing in what follows is omitted from the text of the dream-fragments, we shall disregard all other elements except those having a bearing on the subject under discussion. The dream-fragments followed in quick succession without waking the patient and were related in one analytical period.

> My father died. I was dead in a coffin. I was brought into church; the funeral service was being held. In the midst of it I raised my head, found my husband in the crowd. I looked at him and said: 'I am not really dead'.
> I was inside my mother—just as I was inside the coffin, poking my head out and in again.
> I took my pillow and said: 'I have a baby in my arms. . . .'
> I am breathing again . . .

The individual stands a quiet spectator of her own dead body. There is a total absence of manifest anxiety and a trend in the direction of life, birth, giving birth and renewed life. Note the obvious identification with the dead father; the patient's father was actually dying at the time the dream occurred. In real life, however, it is difficult if not impossible to escape anxiety, because of an identification with a person who is actually seen dead or dying. Dr. Jenny must have been an extraordinary man, for he was able, although by means of a momentary confusion, to avoid an identification with the mortally wounded Fischer. Theoretically, that is what should occur in an ideal case, that is, in a case in which the ego lives unburdened by a sense of guilt, but such cases do not exist in reality. As a rule, the sight of a given real or imaginary death of a fellow human being *threatens* the ego with similar destruction (that is, the sense of guilt with its concomitant identification with the dead asserts itself) and the ego then experiences death anxiety. This death

[5] Strachey, Lytton: *Portraits in Miniature and Other Essays.* New York: Harcourt, Brace & Co., 1931, pp. 116–117.

anxiety may then appear in the guise of panic which is a form of flight, akin to running amok and leads not infrequently to suicide, or it may appear in the form of severe aggression which is lived out in the schizophrenic fantasy of the *Weltuntergangserlebniss,* as if to say: 'I shall kill myself first before you dare to lay hands on me' (depression), or 'I shall first destroy the world before you make me die' (schizophrenia).

We thus are led to the conclusion that it is the superego which seems to determine the general solution of the problem.

III

The last statement is a natural conclusion which imposes itself by the very sequence of our considerations, but it leads into a field so poorly defined and so little explored that it is difficult to rid one's self of a definite sense of insecurity. Granted that the sense of guilt, a feeling produced by the superego, appears to be a potent factor in the generation of death anxiety and that death anxiety is disposed of in some manner by the generation of a sense of immortality, how, then does the superego accomplish this? Moreover, which part of, or which forces in the superego accomplish it? For the superego is a complex structure whose various parts carry different types and different loads of psychic energy. Take the ego-ideal, for instance. It is responsible for a great many fantasies of a beautiful future, of greatness, and of achievement. When displaced to the outside world it chooses a child as its first object to manipulate in the service of this future. The child, who is or becomes the extension of the parental ego, is invested with all the attributes of the ego-ideal which is to be realized and continued in a future after the parents have ceased to live; it is the parents' immortality in the process of operation. In this relationship, such an ego-ideal is labile. Unlike the superego which demands constant sacrifice from the ego, it is in great part an ally of the ego's narcissism which wants to assert itself on and through children. The father who is a

Republican wants his son to be a Republican, not so much because he thinks that his Republicanism is a panacea for all evils, but because he wants his own name and his own Republicanism to survive him undivided. The father who is a successful lawyer wants his son to be a lawyer; but if the father is unsuccessful at law he will want his son to be a doctor, even as he, the father, by fortunate or unfortunate mistake, is not. He will train and educate his son in such a manner as to ensure the son's becoming a Republican lawyer or a successful doctor. If the varnish of paternal 'self-sacrifice' be removed, we may watch the father grow angry and self-assertive whenever his son's pre-arranged achievement seems to be threatened. We may observe the father's hostility towards his lazy or rebellious son and it is then obvious that the father is under the pressure of that narcissistic drive to mastery and control—anal retentive sadism—which, if brought to a sufficiently high pitch of frustration, allies itself with the anal expulsive drives and the child is treated in the usual destructive manner. For, 'with the exception of only a very few situations, there adheres to the tenderest and closest of our affections a vestige of hostility which can excite an unconscious death wish'.[6] The parent then stands before the child as if to say: 'I don't want you and I will kill you *if* you are not or do not intend to become what you ought to be, what *I* want you to be'.

Here the utilization of the primitive pregenital drives is easily recognizable, and here too is the partial answer to our first question: 'What are the instinctual forces which enter into play as soon as the problem of life and death is faced and finally solved in favor of immortality?' The partial answer is: the pregenital anal sadistic drives (mostly of the retentive type) with which the ego-ideal is invested. In relation to one's children the id is fused with a part of the superego not in order to restrict and guide the ego into the path of righteousness, but to reënforce the ego's narcissism, give it a

[6] Freud: *Thoughts for the Times on War and Death.* (1915) In Coll. Papers, IV, p. 315.

sense of continuity, of immortality, self-generated and self-propelled. Perhaps the always present conscious or unconscious assertion that we 'slave' for our children is but the masochistic aspect of our sadistic lording over them. The existence of this sado-masochistic cast in relation to gaining immortality through our children should not be overlooked; for the obsessional quality of our attitude towards the problem of immortality to which we alluded at the beginning of this paper may find its explanation in this sado-masochistic orientation.

A further extension of the work of the ego-ideal and a displacement of its attention from the child to the outside world leads one to a series of Utopian fantasies about the ideal future. Here the object of our interest becomes depersonalized and the goal less immediate and less specific—an obviously deeper regression. The philosophic Utopias that are born on this level and the marvelous development of the technical achievements of civilization (as has been pointed out by Ferenczi) all point to a strong pregenital drive and intrauterine fantasies. It is easy to recognize that this fantasied immortality, in all but the abstract philosopher and chronic dreamer, is also invested primarily with the drive to mastery—mastery of economic forces and of competitive frustrations. It is on this level that acquisition of power, property, and financial security plays such an important rôle, since these are direct and potent descendants of anal retentive parentage. It is on this level that the maximum frustration is felt even by those whose anal retentive drives seem to be satisfied to the point of being surfeited (*L'appétit vient en mangeant* is the oral euphemism of it), and as the frustration reaches its proper pitch, the destructive drives come to the fore to do battle. Wars and revolutions are some of the expressions of this constellation; the revolutionary soldier and his conservative brother are in the deepest layers of their psyche fundamentally motivated by identical sado-masochistic impulses, both proclaiming: *Dulce et decorum est pro patria mori.* The difference is only in that the word *patria* seems to carry different connotations,

secondary elaborations, for the revolutionary and the patriot respectively. In no other human activity is this sado-masochistic slavery to one's visionary master—immortality—so conspicuous.

Of course, immortality is here called the glory of the future, the greatness of progress achieved and fulfilled, equality, or socialism. The repetitive, obsessional, ceremonial nature of these phenomena can here hardly be ignored. We must remember, of course, that it is dangerous to apply these nosological criteria to broad social and historical phenomena; these criteria are here applied not to the sociological generalities but primarily to the individuals who are participants in these events. Think of the revolutionary who sees only the path he has cut out for himself, his eyes fixed only on one visionary horizon, totally oblivious of the realistic contradictions which stare him in the face. Think of the words, so sincerely spoken, *eternal peace,* which are on the lips of every warrior, and of the no less sincerely spoken words *justice, future justice,* and *happiness* which amid rank injustice perpetually fall from the lips of every violent participant in the class struggle. Here we have the general characteristics of obsessional thinking and even such a specific characteristic as the phenomenon of isolation which is responsible for the blindness to phenomena that contradict the guiding ideas of a bearer of a given affective social orientation.

In the various types of social struggle all of which are saturated with the socialized fantasy of the immortality of man's life, the masochistic concept of and drive to self-sacrifice is particularly prominent. This brings us to the most vital aspect of the problem.

Only a deeply seated sense of guilt due to a deeply seated and highly potent instinct to kill can be responsible for such a persistent and protean manifestation of masochism put to the service of immortality in all its guises. We need scarcely ask ourselves whence this drive to kill; the psychoanalyst is only too familiar with its omnipresent and omnipotent significance in man's psychic economy; yet it is worth while, I

believe, to recall a few pithy remarks Freud has made on this subject.

IV

Said Freud in discussing the primitive instinct to kill: 'The very emphasis of the commandment *Thou shalt not kill* makes it certain that we spring from an endless ancestry of murderers, with whom the lust for killing was in the blood, as possibly it is to this day with ourselves'.[7] He states further: 'The savage—Australian, Bushman, Tierra del Fuegan—is by no means a remorseless murderer; when he returns victorious from the war-path he may not set foot in his village nor touch his wife until he has atoned for the murders committed in war by penances which are often prolonged and toilsome. This may be presumed, of course, to be the outcome of superstition; the savage still goes in fear of the avenging spirits of the slain. But the spirits of the fallen enemy are nothing but the expression of his own conscience, uneasy on account of his blood-guiltiness, behind this superstition lurks a vein of ethical sensitiveness which has been lost by us civilized men.'

Pursuing the subject of the destructive instinct, the description goes on to say: 'He [the primitive man] was, in truth, a violent being, more cruel and more malign than other animals. He liked to kill, and killed as a matter of course. That instinct which is said to restrain the other animals from killing and devouring their own species we need not attribute to him.'[8] 'And so, if we are to be judged by the wishes in our unconscious, we are, like primitive man, simply a gang of murderers. It is well that all these wishes do not possess the potency which was attributed to them by primitive men; in the cross-fire of mutual maledictions mankind would long since have perished.'[9]

From the standpoint of libidinous orientation this primitive drive to kill was but very imperfectly modified by our advanced

[7] Freud: *Op. cit.*, p. 312.
[8] *Ibid.*, p. 308.
[9] *Ibid.*, p. 314.

civilization. While the direct murderous impulses have been subjected to formulatory reaction formations in terms of altruistic philosophies, the latter failed to do more than shift the accent from murder to mastery; in other words, the instinctual goal remained the same narcissistic goal which is so characteristic of the child, the primitive man, and the psychotic. That is perhaps the reason why the return of the repressed is so easily propitiated by our civilization with the result that indulgence in duly organized murder becomes such a lofty and sacred task. As a matter of fact, it is not only easy, it still seems to be a relentless need which we almost always obey.

In the light of these considerations it is not difficult to comprehend why, since the outbreak of the French Revolution to this day, a period of one hundred and fifty years, there have been no more than twenty-five years of very relative peace in the world. During this century and a half of continuous massacre, civilized man evidently thought little of his own death and enjoyed a great deal the death of his enemies, even as the savage did. Presumably the most primitive man felt no remorse when he killed his enemy, and while he had no difficulty in imagining the complete annihilation of his enemy, 'His own death was to him certainly just as unimaginable and unreal as it is for any one of us today'.[10]

Needless to say our scientific knowledge and our emotional readiness to study the problem in a detached objective way are extremely scant. Therefore in our search for a clearer understanding of man's relationship to death, of the significance of this relationship in the general course of our civilization and in the individual destiny of man's mental health we must frequently, but cautiously, fall back on a certain amount of that speculative thinking or scientific fantasying which enables us at times to touch the fringes of truth, despite our own frailties.

[10] *Ibid.*, p. 309.

V

Let us again turn to Freud for a suggestion. We do this not in the spirit of pious dogmatism, but rather in the hope that a frank and critical examination of Freud's views will make it possible to shed some light on the problems outlined in this paper. In his discussion of man's attitude toward death, Freud assumes that the enigma of death was viewed by man from the very beginning, not as a rational problem arousing our intellectual curiosity, but as an affective one. Therefore the primitive man attempted to solve the puzzle in the light of his instinctual conflicts and in accordance with his primary affects rather than by means of objective reasoning. 'Not the intellectual enigma [of death]', says Freud, 'and not every death, but the conflict of feeling at the death of loved, yet withal alien and hated persons was what disengaged the spirit of inquiry in man. Of this conflict of feeling psychology was the direct offspring. Man could no longer keep death at a distance, for he had tasted of it in his grief for the dead; but still he did not consent entirely to acknowledge it, for he could not conceive of himself as dead. So he devised a compromise; he conceded the fact of death, even his own death, but denied it the significance of annihilation, which he had had no motive for contesting where the death of his enemy had been concerned. During his contemplation of his loved one's corpse he invented ghosts, and it was his sense of guilt at the satisfaction mingled with his sorrow that turned these newly born spirits into evil, dreaded demons. The changes wrought by death suggested to him the disjunction of the individuality into a body and a soul—first of all into several souls; in this way his train of thought ran parallel with the process of disintegration which sets in with death. The enduring remembrance of the dead became the basis for assuming other modes of existence, gave him the conception of life continued after apparent death.' [11]

[11] *Ibid.*, p. 310.

This hypothesis, which is as remarkable for its conciseness as it is striking in the depth of its concept, brings us back to the primordial problem—that of the murder of a loved person. The psychological need to be relieved of the primordial sense of guilt which was produced first by the real murder of one's father and later by the very wish to murder him, the groping for a solution of the conflict of ambivalence, had of necessity created a fantasy in which both conflicting trends—love and hate (wish for his death)—could be reconciled by the gratification of both. Thus death was accepted and love not abandoned. If we accept the general principles of this hypothesis, we must assume that various customs or spontaneous ceremonials in connection with the dead among primitive races bear the earmarks of a sense of guilt, of self-punishment or other indications that the superego refused to offer the consolation of immortality without exacting a corresponding price. We may also assume that before the reactions become too elaborated and confused by the ever-growing adaptation to civilization, some transitional forms of these reactions must have existed in which the original motives—murder and love—stand out more frankly.

There are abundant ethnological data at our disposal to which we will now turn to test our arguments.

It is a well known fact that the custom of killing one's parents is widespread among primitive races. A recent anthropological monograph, devoted to the subject of the treatment of old persons by primitive peoples, is replete with telling illustrations.[12] The Fiji Islanders, for instance, indulge quite freely in the practice of killing their old parents. This led an American explorer to state: 'This belief in a future state guided by no just notion of religious or moral obligation is the source of many abhorrent practices. Among these are the customs of putting their parents to death when they are advanced in years; suicide, immolation of wives at the funeral of their husbands and human sacrifices. It is among the

[12] Koty, John: *Die Behandlung der Alten und Kranken bei den Naturvölkern.* Stuttgart: Verlag von C. Hirschfeld, 1934.

most usual occurrences that a father or a mother will notify their children that it is time for them to die, or a son shall give notice to his parents that they are becoming a burden to him. . . . The day is chosen. The aged person is then asked whether he will prefer to be strangled before his burial or buried alive.' [13] The choice is made and the act of murder is carried out. It would be a mistake to think that this custom was born out of economic necessity and, in the absence of ethical sensibility, built up into a socially 'useful' custom. As is stated by another investigator,[14] 'In a country where food is abundant, clothing scarcely required, and property as a general rule in the possession of the whole family rather than that of its head, children need not wait for "dead men's shoes" in order to become well off, and we may, therefore, quite believe them when declaring that it is with aching heart and at the repeated entreaties of their parents that they are induced to commit what we justly consider a crime'. Another example has been given by the missionary, Hunt. Wilkes, quoting Hunt, remarked that ' "Feejeeans were a kind and affectionate people to their parents, and that he was assured by many of them that they considered this custom as so great a proof of affection that none but children could be found to perform it." ' The reaction formation as far as affect is concerned with the preservation of the primitive infantile goal—murder of father—is obvious. The rôle of the fantasy of immortality which serves here as the chief foundation for the affective structure is not less obvious. It is interesting that despite this elaborate method of getting rid of one's sense of guilt, the various relatives who attend the funeral of those murdered, unlike the murderers themselves, are not fully free from the sense of guilt and therefore we find that the relatives and village neighbors cry as usual during the funeral ceremony, their sorrow reaching at times such a height that they

[13] Wilkes, Ch.: *Narrative of the United States Explor. Expedition.* Philadelphia, 1845, Vol. III, p. 94.

[14] Seeman, B.: *Viti.* 1862, p. 193. Quoted by Wisse, J.: *Op. cit.*, p. 16.

inflict injuries on themselves. Following this the regular funeral feast takes place.

This tradition of ceremonialized murder of the father is widespread; one finds it in Africa, among some Eskimos, among the Chaco Indians in South America and among the Incas. The custom of human sacrifice during the funeral of a chieftain, or in connection with his death, seems to be an offspring of the same tradition, the slave, or the volunteering relative playing the rôle of an expiator for the sin of the psychological murder of the father.

It seems that before the murder of the father was fully repressed not only as a wish but as an act, the wish was rationalized and presented to the ego as love, the act of murder was preserved and woven into the fantasy of immortality; the murder was thus undone at the very moment it was committed. The superego, as yet not fully civilized, not as relentlessly sadistic and irreconcilable as it has become in modern man, was therefore easily ready to accept this 'arrangement'; perhaps also because every son who murdered fully expected to be murdered by his own son when his time came. One wonders to what extent this 'arrangement' would have been possible if it were not for the fact that the son was absolutely convinced that his father was merely translated (the word is still used to-day) to live in another world. Were he deprived of such belief, he would have been prompted to join his father in death—which many a man (father and son) did, following the death of a chieftain.

In the process of evolution towards a higher civilization, the act of murder, that is the motor expression of the wish to kill, became quite naturally and gradually also repressed. We may perhaps see something of this in the customs prevalent among the Yoruba kings of Western Africa. These kings sought their own death as soon as their subjects sent them a present of parrots' eggs accompanied by a message to the effect that the king must be weary of the burdens of his rule and must wish to sleep. A Yoruba ruler on receiving this gift and message would at once request his wives to kill him and these

loyal servants would strangle him! Describing this custom about forty years ago, Ellis stated that it 'remained in force until quite recent times, if indeed it is yet altogether extinct'.[15] We might look upon the singular method of dying found among the Yoruba kings as a transitional form in which murder or being murdered and suicide become fused. To be sure it is not the potential murderer, the son, who here commits suicide; it is the victim, the father, who makes his exodus pseudo-voluntarily. There is no doubt, however, that even in this form of self-inflicted or self-sought death the element of repressed aggression plays a serious rôle. The compliance with which the king seeks, invites, and accepts death is perhaps the earliest masochistic expression of the father's aggression against his sons.

To avoid repetition it may be stated as a fact that there is no primitive tribe that does not couple death, any kind of death, with an absolute belief in immortality. This will therefore be taken for granted in every instance of death which is to be cited. What becomes thoroughly repressed is the wish for the death of the father, mother, husband, or brother, but the presence of this wish and the sense of guilt are always conspicuous in every form of reaction to death. This is particularly evident in suicidal reactions; the sense of guilt, the ecstatic, almost psychotic hostile identification with the dead is so prominent among primitive races that one is almost inclined at times to believe that the whole conflict of affects and imagery are closer to the foreconscious than to the unconscious. One might state that while psychoanalysis uncovered fully the fact that suicide is murder in disguise, the primitive races always felt and almost knew that it was motivated by murderous impulses, and that on occasion it served as an authorization of (or the expiation of) the act of murder. This must have been the reason for the widespread belief among the Hereros, a native tribe in South West Africa, that it is worth while to commit suicide since the man who commits suicide can, as

[15] Ellis, A. B.: *The Yoruba Speaking People of the Slave Coast of West Africa.* 1894, p. 7. Quoted by Wisse, J.: *Op. cit.*, pp. 292–293.

a spirit, cause more certainly all kinds of evil and death than when alive on earth.[16] The same motive in the form of projection, can be seen in the belief common among the Thonga in Africa that the tree on which a man hangs himself must be cut down to prevent other people from committing suicide at the same place, or in the belief of the Kiwai Papuans of British New Guinea that the spirits of suicides will try to lure friends into a like death, or that 'the spirit of a man who has hanged himself carries round his neck a rope, and this he will throw to friends of his to be used for the same purpose'.[17] Man is afraid that masochism is contagious. He would never be able to conceive of such contagiousness were it not for that sense of guilt with which the superego lures him into a self-destructive immortality. Under certain circumstances, the above-mentioned Thongas consider that the suicides belong to the 'Gods of Bitterness' *(psa shiviti)*.[18] We may observe also various forms of ecstatic masochism with suicide *in statu nascendi*. Powers reports how, when the body of a chief of the Senels (a California tribe) was burned, many of the natives lost complete control of themselves; they cried, they pulled their hair, they beat their breasts; some of the women even threw themselves into the flames, or would have done so, had they not been restrained.[19] Similar, as a matter of fact almost identical reactions were observed among the Mohave Indians; and Kostomirov[20] reports that among the Bodega Indians of Upper California 'their dead are burned; all the relatives gather in front of the bonfire and demonstrate their sorrow by means of shouting and crying; the nearest relatives cut their hair off and throw it into the fire; at the same time they beat themselves on their breasts with stones, throw themselves to the ground. Some of those

[16] Wisse, J.: *Op. cit.*, p. 257.

[17] Landtmann: *The Kiwai Papuans of British New Guinea.* 1927. pp. 283–284.

[18] Junod, H. A.: *The Life of a South African Tribe.* Neuchâtel: 1912, Vol. II, p. 349. Also Wisse, J.: *Op. cit.*, p. 260.

[19] Powers, S.: *Tribes of California.* Contrib. to N. A. Ethnol., III, 1877.

[20] Wisse, J.: *Op. cit.*, p. 126.

who are most closely related to the departed make themselves bleed and even beat themselves to death.'

VI

There remains no doubt, I believe, (1) that the strong drive toward suicide, the yearning for death, is the most violent reaction to the death anxiety, which latter is based on a sense of guilt, for without the sense of guilt there is little, if any, anxiety and little, if any, comprehension of death; and (2) that the drive toward death, always with the flag of immortality in hand, carries with it the fantasy of joining the dead or the dying, or being joined in death. The latter is particularly prominent among the double suicides of lovers. There is hardly a primitive race which does not have a lovers' volcano (Japan), a lovers' waterfall (Bali), or a lovers' rock from which lovers jump so that they may be joined in the beyond. Particularly those lovers whose parents object to their love go thus to their death (murder of parents?).

What do the dying expect in the beyond? What promise do they hold out for themselves in immortality? The negative value of immortality appears to be dominant, although it is never mentioned either in folklore or in primitive religions. There is no sexuality in after-life. Man is freed of his genitality—this eternal sin. Even the Caribou Eskimo who believes in a special form of transubstantiation, thinking that his soul after death goes to Pinga and later enters another living being, never thinks that his soul will enter a being specially endowed with, say, fertility, but usually imagines that it will inhabit an animal symbolizing aggression, hatred, or cowardice. There is no sin in the beyond. The Seyan (the hereafter) of the Algonquin Indian is populated with all sorts of people—the brave and cowardly, the good and bad—and they are all equal there; in Seyan there is no compensation for goodness, no punishment for sins; one lives exactly as he lived on earth. But not exactly. No reference is made to social organization or to sex, the two major preoccupations of the superego. One

eats, one sleeps, one satisfies all the simple pregenital needs and occasionally one gratifies one's aggression against those who are left alive on earth. In other words, all the pregenital cathexes, particularly the sadistic ones, which are taken over by the superego to use as munitions against man's instinctual freedom are refunded to him, since he agrees to accept immortality in exchange for his total genitality. It would be a fascinating study to compare this lifeless ideal of immortality which dominates man's mystical adaptation with the ideas as pictured in various social Utopias, or ideals born of social protest. One would then be able to see, perhaps, how much of his genitality man is called upon to sacrifice, and whether the compensation for this sacrifice is the same as that in the traditional Utopia of immortality.

It would seem that the primitive ideal of immortality has evolved in the course of thousands of years into a *sense* of immortality, and that this sense, acting as if it were an independent powerful impulse, plays a major rôle in the elaboration of our theories of social salvation, in the altruistic aspects of our communal life. The rôle it plays in the fabric of our neuroses and psychoses (particularly in their depressive forms) is by no means a minor one but, with comparatively few exceptions, the influence of this sense of immortality appears to be indirect: it exerts its pressure through a sort of short circuit connection between its infantile left-overs in our personalities and the drives it generates in our purely social adaptation. This is perhaps the reason why there is frequently so much confusion about social and cultural factors in the formation of neuroses; this is why there crop up every now and then, from the time Adler proclaimed his rebellion against the recognition of infantile sexuality, various theories and pseudo-theories dealing with the neurotic personality in which a false emphasis on *culture,* as the chief determining factor, predominates. For whatever significance cultural pressure may have, we are overlooking the most essential scientific fact when we forget that cultural forces, social ideals, social traditions, and sociological Utopias themselves all spring from

the perennial tragedy of incest, murder, and blood-guilt. These cultural forces would never be able to exist and still less exert the influence they do on the individual if it were not for the individual's responsiveness to incest, murder, and blood-guilt—a responsiveness that comes from deep and stirring experiences of his own childhood.

I am even inclined to believe that our periodic over-emphasis of cultural influences as compared with infantile conflicts is due to the fact that it is so easy for us to identify ourselves with society (the superego), an immortal entity which regulates so neatly our infantile conflicts, relieves us from a sense of guilt, and promises us an entrance ticket into the millenium. It is more difficult to identify ourselves with the direct aspects of infantile sexuality which uncover and force us to look at plain murder without the bracing support of social immortality.

ADAPTATION TO REALITY IN EARLY INFANCY

BY THERESE BENEDEK (CHICAGO)

The psychology and the physiology of the newborn can not be separated from one another. The psychoanalytic theory of the instinctual reactions of the newborn is based upon the fact that the infant upon leaving the womb, which offers comparatively few stimuli, enters into an environment which presents a superabundance of them. Because no protective barrier *(Reizschutz)* against these stimuli has been developed, the infant is overwhelmed with excitation. This analytic concept does not conflict with the generally accepted assumption that the nervous system of the newborn is not mature. This immaturity, not as yet fully understood in all its physiological details, is responsible for the fact that the motor excitability of the newborn and of early infancy is much greater than that of later life, and that inhibitions are not yet fully developed.

In recent years observations of the early reactions of the newborn have led to the generally accepted opinion that the newborn reacts to every form of stimulus with an undifferentiated, general motor discharge. Numerous choreoathetoid movements, too vague to be described, do not cease completely even during sleep. These movements, under the influence of strong stimuli from without or of instinctual needs which are stimuli from within, increase to a veritable 'storm of excitation' *(11)*.[1] The 'storm of excitation' invades the whole motor system, including the visceral. The crying fit is only one special form of the 'storm of excitation'; in this sense it is not a teleological action in that it has a goal

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[1] The italicized numbers in the text and footnotes refer to an appended bibliography.

but it presents merely a motor discharge of excitation; it is unable to gratify the instinctual need. Therefore motor excitation becomes increasingly intensified until gratification of the instinctual need is achieved. Should gratification fail to ensue, the motor discharge continues as long as the physiological forces permit. It is characteristic of the healthy newborn that no substitute and no delay of gratification exist without the motor discharge of the excitement caused by the instinctual need.

The original psychoanalytic theory concerning the psychic condition of the newly born infant was based on the assumption of the existence of primary narcissism. According to this hypothesis, the sleeping infant finds itself in a condition very closely similar to that of its intrauterine life. This condition is disturbed by instinctual needs. An instinctual need releases crying and crying is a signal which brings the mother who for the newborn is not yet perceived as a part of the environment but only as a part of the process of instinctual gratification. This concept of primary narcissism postulates a condition in which the instinctual need releases a reaction in the infant's own body which in turn makes possible a release of tension and permits the child to go to sleep again. According to this theory the course of gratification of instinctual needs during the period immediately following birth can be presented as follows: the instinctual need—crying—gratification. The next possible step in the course of the process would be: instinctual need—hallucinated gratification which does not suffice—crying which brings on the real gratification; the child can then sleep again.[2] The succeeding step is that, after the real satisfaction, the child does not fall asleep imme-

[2] We can observe an intense rhythmical sucking in the infant shortly before it awakes. These sucking movements during sleep represent the primary biological form of dreams because they seem to have the same economic function which Freud ascribes to the dream. It preserves the sleep, utilizing the reflex coördination of sucking which exists also in intrauterine life. This primary dream—hallucinatory satisfaction—proceeds on the level of biological processes and would not justify our assuming any dream content at first, as for instance the mother as a source of satisfaction.

diately, but after the physiological satisfaction of the need a libidinal satisfaction follows: the child sucks playfully on the breast and plays with its hands. The libidinal satisfaction keeps the child awake and being awake enables it to perceive the environment beyond the immediate satisfaction of the need.

It has been stated that the reactions of the newborn to all stimuli are undifferentiated motor discharges. If the stimuli are not so strong as to produce a crying fit, it is possible to observe isolated reactions at a very early age *(14)*; several observations show that within the first month of life reactions appear which are specific as to stimuli and as to effect. The majority of the reactions take place about the mouth and are usually sucking or grasping movements *(21)*. The first specific affective reaction is considered to be the turning of the head toward the breast of the mother. Ripin and Hetzer *(20)* emphasize that such reactions appear when the infant is in a situation of *expectation*. This situation of expectation can be produced experimentally; for instance, the infant when put in the feeding position, begins to search for the breast with sucking movements of the mouth. Although the data as to age given by various authors differ, we can observe the state of expectation in a healthy infant as a normal reaction as early as the third month of life. The time of the appearance of these reactions depends on constitutional factors, on the condition of the infant's health and on the technique of feeding. Children fed on the bottle begin to manifest the reaction of expectation in the fourth month of life and after this age they show disappointment whenever the bottle fails to be offered or whenever it is taken away. The corresponding reactions in a breast-fed child develop earlier. Before the fifth month intense hunger and the subsequent crying fit inhibit the specific reactions but in the fifth month or after the feeling of hunger directly evokes the specific reactions; the infant does not show its hunger with an immediate cry but follows with concentrated gaze the preparations for feeding. Thus the child has learned to wait.

What is waiting? As a reaction to an instinctual need, waiting is the opposite of direct development of excitation. The infant as we describe it in this fourth to fifth month of life has developed from the stage of immediate demand to a stage in which it is able to keep its need at least for a time in suspense. This arrested tension turns the attention of the infant to the environment, from which it expects the gratification. The ego, which forms itself by these acts of perception, establishes its relation to the environment; this relationship is based on confidence that the instinctual need will be satisfied really and pleasurably.

From many observations of the facial expressions of infants I want to emphasize the following: the infant recognizes the face of the mother or of the nurse at an earlier age than it recognizes the bottle; its gestures are directed toward the person and not toward the object of gratification. I consider this fact, mentioned especially by Bühler and her school *(6* and *20)*, as a landmark in the development to the stage of object relationship. In the state of primary narcissism there is, as we assume, no separation between ego and external world. The mother belongs to the ego. It is only the further evaluation of this theory when we assume that the first recognition of the mother as a part of the outer world is induced by the certainty that the mother equals breast and will return to the ego, that the mother will be within reach for gratification of the instinctual need. This confidence is a stage of object relationship which precedes the positive object love. It has on one hand connection with the primary narcissism, on the other hand it already reaches out for the object. This step levels the way from the stage of primitive omnipotence to the reality of the object world. It is rooted in the experience of the infant that the gratification of needs will be attained before the instinctual need has increased to a painful sensation which has to be discharged in a crying fit. The amount of the confidence could perhaps be measured by the ability of the infant to wait and by the gestures which we can observe in the infant during this period of expectation. The smiling

and cooing are directed toward the mother. The confidence enables the child to wait and leads its attention to the mother and thus also directs the libido. In expectation the child turns to the outer world, whereas during the crying fit the infant turns away from the outer world. That is more than a manner of speaking and can be directly observed: the infant, which has turned all its expectant facial expressions toward the mother, becomes angry when the satisfaction does not follow. We can observe that for a time it expresses anger without crying but, when it cannot wait any longer, it turns its head away and starts to cry. From this moment on it is not to be comforted by words or gestures—only the real satisfaction of the need can calm it.

Searle *(23)* in her excellent paper on the psychology of screaming made a clear distinction between the cry of dissatisfaction and the crying which brings on the satisfaction, which can therefore be called, in the terminology of Ferenczi, a cry of omnipotence. She explains the psychological meaning of the screaming fit for the development of the ego in terms of the well-known theoretical assumptions of the English school. Although analysts have different opinions about the psychological and instinctual processes which take place during the screaming fit, all will agree that it influences the child deeply. It causes disagreeable visceral sensations, perhaps also pains, and it can end with exhaustion. Even if it does not last that long, it can be traumatic for the infant. During the screaming fit the infant is not responsive to any attempts to quiet it. Very often the crying infant, half exhausted at the peak of its crying, receives the nipple in its mouth but has to undergo a series of very disagreeable sensations until it achieves the rhythm of sucking. It is easy to understand that the tension of the instinctual need, which itself would be enough to produce anxiety as Freud assumes, is now complicated by screaming and by painful sensations during feeding; the satisfaction of the feeding is mixed with

anxiety.[3] This anxiety interferes fundamentally with the development of the infant. The development of the ego is impaired because the primary object relationship, the confidence or trust in the mother, could not develop.

Dr. Max Seham *(24)* describes the suckling's reaction to the feeding process as follows: fed day after day in a certain place at a certain time, the suckling will refuse to accept the same food if the circumstances under which it has been accustomed to being fed are suddenly changed. Even though it is fed in the same bed but in a different position, it may refuse to take the bottle. The smile at the sight of a parent, the opening of the mouth at the sight of a spoon and hundreds of similar examples can be taken from the daily life of a child. And just as these stimuli may have a favorable effect on the child's mental and physical health, so also may they have an unfavorable effect and produce many and various functional disturbances.

This observation is thoroughly recognized in hospitals, institutions for infants, foundling homes and orphanages, and is called 'hospitalism'. Fortunately it does not describe the normal development of infants. Hildegard Durfee and Käthe Wolff *(7)*, in an extensive study of hospitalism in infants during the first year of life, state that those children in institutions, exposed to the so called best hygienic conditions, are markedly different from the children raised in homes. The typical reaction of the infants raised in institutions is fear, which constitutes the only reaction to all kinds of stimuli. The group of children studied by Durfee and Wolff in the second half year of life showed a marked asocial attitude due to general reactions of fear. Though the conditions of the control

[3] From the analytic material of adults Weiss *(25)* concluded that the coincidence of crying, sobbing and swallowing may be pathogenic for later development of asthma. Hárnik *(12)* found also in adult cases that anxiety was caused by forced feeding. These findings in the psychoanalysis of adults are in accordance with Peiper's *(15)* observations and experimental studies about the sucking function of the infant: he found that the infant during suckling, sucks, swallows, and inhales simultaneously.

children raised in homes were not as hygienic as those in the institutions, the reaction of this group to objects, the social behavior and the motility showed higher development. The object world, even though it is offered to the child, remains strange, distant and incomprehensible without proper emotional relationship to a human being which helps the child to master the object world.

The undisturbed relationship of a normal infant to the outer world is based on the relation to a person; the eyes of the infant follow the movements of the nursing person and not the bottle. Therefore there is no great difference in which sequence the manipulation is brought about. Those infants whose relationship to the mother is not disturbed will take the bottle or other routine things of nursing from the right or left or wherever they come from. Sometimes we can observe, however, a sign of surprise or astonishment on the face of the child if something unexpected or something especially new occurs in this sequence. The child turns its head and eyes to the mother and is reassured—it has developed the emotional relationship of *confidence.*

By introducing this term, 'confidence', into psychoanalytic literature, I am conscious of the fact that I am describing a state in libido development which is closely similar to the phenomenon which Bálint *(2)* designates with the abstraction 'primary object love', which is based on the dual unit of mother and child. Bálint interprets the psychological content of primary object love: 'I should be loved and satisfied, but without the least return of love on my part'. I agree with Bálint on the concept of the dual unit of mother and child as the basis of the further development of libidinal relationship, but I cannot follow his interpretation of the psychological content of this state, especially the second part of it: '. . . without the least return of love on my part'. Here we see the projection of the psychology of the adult into the psyche of the infant. Observations show undoubtedly that an infant, as soon as the relationship with the environment develops, instinctively returns as much love as lies within its capability.

The term, 'passive object love', or the 'state of tenderness', as Ferenczi calls it *(10)*, describes a later state of development than we are concerned with in this paper. It refers to a condition in which the infant has a conscious need of love, tenderness; it is able to fantasy. I believe the more satisfactory the development of confidence has been, the less loud and demanding is the need for tenderness, passive object love, which we find so often persisting in oral-demanding characters.

It is questionable whether it is useful to introduce this descriptive psychological term 'confidence' instead of the metapsychological term of primary object love. I believe however that we can better understand the condition in which the infant finds itself in its relationship to the object world when we extend our terminology by using terms with more detailed psychological shading. I will try to define metapsychologically and phenomenologically this confidence which is the basis for the development of a positive object relationship between mother and child.

As to the metapsychological significance, I explained that confidence corresponds to a state of libido development in which narcissistic libido is turning to object libido; it corresponds to a state of ego development in which the borders between ego and 'you' are not yet marked as definitely as in later life and thus can be easily suspended—the 'you' becoming part of the ego again. Assuming that confidence is a wavering exchange between the id of the infant and the mother, we can ask whether it is justifiable to extend our terminology or whether it would be better to classify confidence as a manifestation of identification. The observations on which these explanations are based show clearly that the libidinal process which has developed from the infant's early experience of satisfaction enables the child to wait. Waiting is a condition in which libido is directed toward the outer world and constitutes the opposite of incorporation, or identification. It leaves the mother as a part of the outer world and prepares the object love step by step and thus functions as the forerunner of the development of object love.

These conclusions are in conflict with the theories of Melanie Klein *(13)* who assumes that the development of the object relationship between mother and child is based on the process of identification and projection. I believe that the observations on which this paper is based can be helpful in clarifying this point: not the bad nor the good mother is projected into the outer world, but the libido, turned to the outer world, finds there the satisfactory, good mother or the frustrating, bad mother. In the former case the object-libidinal relationship develops with all the protective consequences; in the latter case, the libido will be withdrawn, and we can observe in the child the effect of the lack of libidinal relationship.

It is more difficult to describe the phenomenological content of this emotional state because, by its essential meaning, it does not amount to an emotional tension. Confidence, especially in childhood, does not develop to a conscious emotion. Lack of confidence causes discomfort and tension which can grow to anxiety. Confidence, as we understand it now, is a disposition which protects the emotional life from oscillations; it protects the ego from the fear of object loss. Thus it saves one from pain. Confidence plays an important rôle in the economy of the psychic apparatus. It helps to preserve the mother-child unit, it helps to decrease the intensity of outer stimuli, and it helps to avert anxiety. It is a part of the defense apparatus of the psyche which has its origin in the development of object libido from the narcissistic libido reservoir. On this basis it seems to me that confidence can be metapsychologically differentiated from the other defense mechanisms of the ego. The ego defenses develop in a later state; their origin is a countercathexis of the ego against libidinal demands. They will be more effective and less rigid in proportion to the amount of protection from anxiety afforded to the ego by the early emotional object relationship.

The development of this emotional shelter—confidence—in its importance to the libido economy is responsible for the

marked distinction between the children we ordinarily call normal and the children described by Seham *(24)*.

We hear (and Seham emphasizes) that every change in the routine of nursing releases fear, which can cause functional disorders. The paper of Durfee and Wolff *(7)* and other studies about hospitalism state that the reactions of the infants subjected to hospital routine are characterized by fear. Sucklings, doomed by nursing routine or by physical sickness to repeated and long screaming fits, are conditioned on a lower level than the normal stage. Every unexpected movement reminds the infant of the danger with which it is always surrounded. Every new situation increases the tension, releases the shock and with the shock the screaming fit, which causes disagreeable sensations, anxiety. Thus is created a vicious circle which has to be avoided. In this process of self-protection, the infant is deprived of its powerful ally, the mother, to whom the child capable of waiting can turn with the conviction that help and satisfaction will come from her. The infant which cannot entrust itself to the mother is left alone; it does not turn attention libidinally to the mother but to the objects surrounding it.

It is abandoned by the mother as much as by the other objects of the world and therefore concentrates its weak ego on the material things, tries to control them in an attempt to save itself from any new situation which is frightening. The infant becomes dependent on the sequence of the procedure of nursing, on the manipulations of the nursing persons, on the articles used. This kind of conditioning must be differentiated from the learning process which we described in connection with the development of the attitude of confidence in the mother.

In the latter process the ego is assured, enhanced by a reliable ally, the mother, who regulates the things of the outer world and saves the child from anxiety. The ego, strengthened on one hand by the libidinal relationship to the mother and on the other by the absence of anxiety, has a greater capacity

to perceive the objects of the outer world. This ego is able to accept new and unexpected situations (always in a degree which corresponds to the developmental level of the child) and masters them by trust in the mother. In the adaptation to reality it has a greater span, greater versatility.

Quite different from this development is the adaptation to reality in those children whom we describe as affected by hospitalism, by lack of love, or by too much routine. As we said, these children can not establish confidence as the primary object relationship and they develop a greater amount of anxiety with which they have to contend.

This anxiety has several sources. One of them is the body itself which causes the infant pain by traumatic sensations of unsatisfied instinctual needs. The other source of anxiety is the real danger in which the weak ego finds itself in the object world. Perhaps we could assume as a third source at a later age the instinctual tension which develops as a result of the disturbance of the object relationship to the mother.

Whatever the source of the anxiety, it is clear that it is a heavy burden for the little ego to deal with. The ego, beset by the anxiety, turns only a small part to the object world, can not select and learn, but reacts with a rigid adaptation.

Such reflex adaptation saves the child from an increase of tension and is helpful in the avoidance of anxiety; but every new situation, in contradiction to the old ingrained reflex, will be experienced again by the weak ego as a danger to which it cannot adjust itself immediately but to which it reacts with crying, the discharge of fear reaction. There is another reaction which also is possible—avoidance of fear by a refusal to accept a new situation. Both these reactions, crying and rejection of the new situation, restrict the ego's capacity to adapt itself to reality.

The profound effect of early disappointments during the feeding process on later development has been studied very often by psychoanalysts. Melanie Klein *(13)* emphasizes that a disturbance in the relationship to the mother causes an early and strict development of the superego and determines through the superego the development of the individual.

Rado *(19)* assumes and Fenichel *(8)* has in a recent work again explained that the first regulator of self-regard is the satisfaction by feeding and he concludes that the later developed disturbance of self-esteem, inferiority feelings, etc., are to be connected with early disappointment during the feeding process and with this feeling of being helplessly abandoned to the object world.

I wish to emphasize in this paper that the ego's capacity to learn to master the object world goes hand in hand with the development of its object-libidinal relationship. When the object-libidinal relationship is disturbed, the ego's learning capacity is inhibited and narrowed by anxiety. The psychic economy of these children is concentrated on the avoidance of this anxiety. This avoidance can be achieved if the child remains at the level of conditioned reflexes. I want to stress again the great importance this may have for the mechanism of fixation.

The conditioned reflex forms the pattern of coping with anxiety for the later life also. The early mechanization of mastering anxiety is the same as the fixation to a special form of solution of a conflict. It is easy to understand that every anxiety will subject the individual to the old feeling of inadequacy and weakness which was present at an early age when the good relationship to the mother, the development of the confidence, was thwarted.

What disturbs the relationship between the mother and child so early? When Ferenczi conceived of the infants in their primary narcissistic omnipotence and Abraham described oral libidinal satisfaction as the most important factor in early life, they were not mistaken in their concepts, though they differed greatly from the newer conceptions in psychoanalytic literature based on frustration, on unsatisfied needs, and on the crying of infants. These newer conceptions are justified by experience in the analysis of adults and in observations of children. Why do we find so many rejected children, so many adults with the psychology of the rejected child?

Bernfeld in his The Psychology of the Infant *(3)* devotes a chapter to the problem of the history and sociology of nursing

and he shows that nursing techniques are determined by several social and psychological factors in all cultures. They have changed a great deal in our civilization during the last thirty years. The fact of overfeeding led Czerny to introduce strict regulations of feeding. The fear of spoiling the child, perhaps the fear of the child's demands, caused these rules to be observed with a religious rigidity. Bálint *(2)* quotes many pediatricians who state that, if their directions regarding the feeding regime and prohibition of lifting up the child are not strictly followed from the first day of life, they cannot hold themselves responsible for the development of the infant because the regularity of the body functions, disturbed the first day, cannot be established later on.

Fortunately there are also many pediatricians who begin to realize that our children cry too much *(26)*. Infants born in this hygienic age are raised by a strict ritual which is dictated from the first moment of life by what seems to be the most important element in our civilization—time. The child has to be adapted to the time regulations of the hospital, or of the home, as the doctor prescribes. It is also true and pediatricians describe an often observed phenomenon that mothers awake from sleep when the infant awakes, even though they do not hear the child or before they could hear it. The so called 'nursing rapport' of the mother with the child illustrates the conception which was evaluated from the psychoanalytic viewpoint by Alice Bálint; namely, that the mother-child unit exists not only within the child but has also its biological representation in the mother at least during the period of nursing. This unit is broken if and when the infant is to be molded to the customs of our civilization.

The general rule for the normal infant is a feeding every four hours starting, for instance, in the morning at 6 o'clock and ending at 10 in the night. There is no deviation from the rule, no change in the time schedule, even when a (very orally inclined) baby cannot tolerate the gap from 10 P.M. until 6 A.M. So it happens that the majority of infants cry hours and hours in the first days of life.

It would be worth while to study in detail the question of

why in this 'century of children', mothers so readily accept the rigid type of hygiene as the highest precept in their relationship to their infants, why they relinquish so easily their emotional relationship to the child and very often 'reject' it with the rationalization that they are doing only what is permitted and therefore what is best. I think that it would not be very difficult to prove that this 'century of children' is in reality the 'century of the woman'. It is the emancipation of women that elevated nursery hygiene to its present height and, with the help of narcissistic satisfaction, intellectualized the mother's relationship to the child.

The technique of feeding as it is practiced directly contradicts all our leading principles of education. Our endeavor there is to find a way to satisfy the needs of the child which guarantees the best development of the personality and all modern studies of education are aimed toward finding methods to save the child from inferiority feelings and from the undermining of its ego. But it seems that we start with a system which in reality does not take into consideration the child's own rhythm of instinctual needs and we condition the child to factors which are really not in harmony with the physiological rhythm. I am not in favor of overfeeding; moreover pediatricians state that overfeeding does not easily occur. I want to come back to the modern pediatricians' statement that a well satisfied infant has nothing to cry about. I wish also to call attention to the observation that it is possible to satisfy the child's needs and regulate the feeding regime in accordance with the child's own rhythm. It is possible to offer the child an adequate quantity of food without under or overfeeding and not more frequently than necessary and yet have the feeding schedule determined by the factors to be found within the child rather than within the mother or the outside world.[4]

[4] This is not the place to go into detail about the technique of the nursery and of feeding the newborn. But the discussion of this paper seems to require stressing some of the points involved. It is true that a great number of newborns can be easily adjusted to long periods of sleep during the night. Many of them, especially passive babies, do not cry. It is evident that their nursing time fits easily into the regulation of home or hospital. Of course the

I am aware that following this suggestion will not prevent all developmental disturbance in later life but I think what little we do know about the factors operating in early infancy justifies our attempt to achieve better conditions for the development of the infant. We know that psychological development can not be separated from physiological development and therefore we ought to bring our knowledge into harmony with the physiological conditioning of the child. The first nursing and feeding regimes are of primary importance in the complicated interrelationships between individual, environment and society. The influences to which the newly born child is exposed are individual and personal in relation to the family and are especially determined by the mother's personality and her relationship to the child. These very important factors are not included in this study. I want only to point out that the child's environment is determined by an interdependence of a number of factors which operate through the panacea of hygiene. These factors should be analyzed, divested of their magic power, subordinated to the task of providing our infants with the best environmental conditions for growth.

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active, crying, oral-demanding babies can also be adjusted to longer sleeping periods. But this adjustment might prove very costly.

I do not believe this feeding technique will 'spoil' the baby, because satisfaction of the baby's demand and saving it from screaming do not increase the need and demands of the child but rather the opposite: they pacify the child and will cause a feeding regulation to develop which is in many respects more satisfactory. The child who does not cry so much does not swallow so much air, has not so much discomfort after feeding.

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A PSYCHOANALYTIC STUDY OF A CASE OF CHRONIC EXUDATIVE DERMATITIS

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There are very few cases reported in the literature in which psychoanalytic therapy has been employed in the treatment of chronic diseases of the skin. In 1916 Jelliffe and Evans [1] published their findings in the case of a young woman with psoriasis who remained in analysis six weeks. Her lesions were regarded as hysterical conversion symptoms through which she gratified exhibitionistic impulses and by which she attracted a sympathetic interest from father physicians. In 1928 Allendy [2] reported a case of eczema before the Psychoanalytic Society in Paris: two months of treatment brought about the disappearance of eczematous lesions of the hands which had been present for ten years and which had previously resisted all forms of medical treatment. Allendy concluded that her hands were diseased that she might not kill her father and her husband, that her eczema was a punishment for her desires to masturbate, and that her illness gratified her primary wish for idleness.

In 1932 Barinbaum [3] eliminated a patient's eczema by the interpretation of the transference situation in which he found the clue to the special psychogenesis of the lesions which involved the fingers of both hands. This patient's eczema was a defiance of his father's wish that he become a baker. In a second case, Barinbaum showed that the eczema of a merchant was an expression of flight into illness and represented an attempt to solve an acute emotional conflict. His wife was frigid, preferred not to have intercourse with him, and suffered from an inguinal intertrigo which was unpleasant

[1] Jelliffe, Smith Ely, and Evans, Elida: *Psoriasis as a Hysterical Conversion Symbolization.* N. Y. Med. J., CIV, 1916, pp. 1077–1084.

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[3] Barinbaum, Moses: *Eine Kurze Mitteilung über zwei psychotherapeutisch beeinflusste Ekzeme.* Zentralblatt für Psychotherapie, 1932, pp. 106–111.

to him when he cohabited with her. After he had entered upon an extramarital relationship with a woman who made excessive demands for intercourse at frequent intervals, this affair became wearisome to him and he developed an eczema in the left groin extending to the scrotum. Through these lesions he had unconsciously identified himself with his wife and by means of them he was attempting to express to his friend his dislike for her behavior. After the patient was given this interpretation, he discontinued the extramarital relationship and ten weeks later when Barinbaum again saw him, the lesions had disappeared.

When my patient began his analysis, he was a senior dental student, twenty-five years of age, who had married two months previously. He and his wife lived in the home of his parents. He was referred by a dermatologist and his only complaint was a circular, itching dermatitis on the dorsum of his right hand which had been irregularly present for three years and which had first appeared within a few weeks after he had begun to study dentistry. Whenever he was absent from school for a period of several weeks, the lesion disappeared. I subsequently learned that he also had minor lesions, of which he did not complain, on the right elbow and on the right ear.

The patient was the only child of Jewish parents. He was born in a small Polish town. When he was three and a half years old his father went to America, leaving the boy and his mother to live with and be supported by a maternal uncle who was a bachelor. He regarded the uncle as his real father because he gave him much affection, disciplined him with kindness and sacrificed his fortune in behalf of his mother and himself. He was eleven when he and his mother rejoined the father in America. He soon became extremely unhappy and cried to be taken back to his uncle. His father whipped him for small offenses, gave him no affection, showed little personal interest in him and spent much time away from home. This contrast between his love and respect for his uncle who did so much for him, and the aversion for his unsympathetic father who gave him so little, found its counter-

part in a strong attachment that had existed between his mother and his uncle, and the discord at that time between his parents.

His uncle's house in Europe was rather elaborate and was located in the best neighborhood. His mother was especially insistent upon cleanliness and she dressed him immaculately, more like a girl than a boy. His complexion was light and his skin was free of any blemish. His opposition to his mother's cleanliness was disclosed in a memory from his seventh year. His chum at that time was a boy whose family lived in a small, filthy, flea-infested hovel in the poorest neighborhood and he found much satisfaction in those dirty surroundings and spent much time there. He envied his playmate because he was required to wash himself only very occasionally. It was at this time that he developed a dermatitis of his scalp and ears which continued several months and about which he was teased by his classmates. His mother was greatly alarmed by these lesions because his skin had always been so fair. On a later occasion, he soiled himself while in school and was taken home by an older cousin. His mother was ashamed of him and tried to keep the incident secret from her friends.

During his ninth year his older cousin made put-and-take tops by pouring molten lead into a wooden cylinder. Wishing some of these for himself and knowing that his uncle had a cupful of lead discs which he had been accumulating, the patient stole some of these, a few at a time, and gave them to his cousin, receiving in return a few of the finished put-and-take tops. When his uncle caught him stealing these small pieces of lead, he became very angry with him and wanted to punish him, but his mother protected him by putting the blame on his cousin who she said had influenced him. We will see later how this childhood experience and interest was to influence him in his professional activities and how this attitude of his mother made him feel right about stealing. In the petty theft from his uncle he took from one man and gave to another so that the latter could give him

what he wanted for himself. This became a pattern for later situations.

When he was ten years old there occurred a series of events which were to be reënacted in more complex forms in his adult life in his illness and in his profession. He recalled them in the following sequence: when his mother was standing astride a counter and a shelf arranging merchandise in his uncle's store, he made an excuse to pass underneath her and in so doing he stared up at her genitals. A few days later he became fascinated by transfer pictures which an older and more resourceful boy was selling, and he succeeded in procuring quite a few of these by promising that he would pay for them later. As days passed and he could not keep his promise, the boy threatened to thrash him. Although frightened by those threats, he neither paid for nor returned the pictures but simply avoided him. Within a few days he fractured his right leg in an accident and was taken to Vienna for surgical treatment. The fracture was his means of avoiding the situation in which he found himself, and the accident also relieved him of his sense of obligation and guilt.

From the time he was eleven years old his mother regularly diverted small sums from the household allowance given her by his father and sent these to his uncle in Europe. He always shared this secret with her. Although his father provided him with pocket money in ample amounts, his mother would secretly supplement these sums whenever he so requested in spite of the fact that the father's earnings were very meager. It was however characteristic of his mother that she demanded very little for herself.

In his early school years his mother's solicitude and overprotection won for him the reputation of being a sissy who could not fight and he reacted with feelings of inferiority and fantasies of destruction of the molesting classmates. He slept with his mother until he was ten. She assisted him with his bath until he was twenty. He was her only pleasure in life. During adolescence she continued to provide him with so much and to require so little of him in return that he remained

dependent upon her for his slightest needs. Her attitude toward him made him ask for more and more for himself. Occasionally when he made requests which she could not fulfil, he would take revenge upon her by 'messing up' the rooms. He did not recall that she ever punished him. In high school he received high marks, did not engage in any competitive games, and made few friends among his classmates like his mother who worked hard at home and had few social contacts. After puberty he came to have considerable interest in maintaining a neat appearance and showed a preference for good clothing and attractive haberdashery. His classmates teased him about his lily white hands and his pink palms which showed no evidence of ever having been used for hard work. He noted that his fingers were short and chubby like his mother's and he often wished for long masculine ones like his father's. He began having his nails pointed by a manicurist to make his fingers appear longer. His hands were of great importance to him. His interest and experience with mechanical devices had given him the conviction that he could accomplish things with his hands. While he protested against their shape and length because in this respect they made him feel feminine, he had satisfaction in his ability to function adequately with them, for from this aspect he had feelings of strength and masculinity. At sixteen he contemplated the study of medicine but had doubts about his intellectual ability and chose dentistry because it fitted in with the idea that he could do something with his hands. In dental school he had little interest in the lectures and in studying from books but he was most energetic in laboratory and clinical work in which he had ample opportunity to use his hands.

He often thought that his voice was feminine and that his profile showed weakness. 'I wore glasses and grew a mustache and still I did not look beautiful', was a characteristic statement. He had marked feelings of inferiority about his height and he had the delusion that he had a very small penis. In addition to this physical identification with his mother, he was aware that he was moody, impulsive and easily influenced—

traits which he disliked in his father and which he felt were signs of weakness. This unfavorable identification with both parents was the source of his deepest feelings of inferiority.

When the patient was about seven years old he became aware of an erection during the act of defæcation. He related this as follows: 'I went to empty my bowels and noticed the feeling of erection and I liked to feel my penis.' Later, in states of anxiety, he experienced genital sensations with and without spontaneous ejaculations. These were without psychosexual satisfaction. During a State Board examination he became fearful he would not be able to complete his work in the time allowed and had a spontaneous erection and ejaculation. On another occasion while hurrying to an analytical appointment, becoming fearful that he would not arrive on time, the same phenomenon recurred. His emphasis on the lack of psychosexual satisfaction was a means of denying responsibility for sexual gratifications.

When he was eleven he came to his mother's bed one morning and while playfully rolling over her he became sexually excited. At twelve he began masturbating at frequent intervals, continuing to do so until the time of his marriage at twenty-five. At fourteen he masturbated so vigorously that he tore the skin of his penis and in his anxiety, showed it to his mother and asked for help.

Throughout adolescence he never showed any interest in girls and avoided prostitutes because he feared syphilis. At eighteen, when approached by a prostitute, he took refuge in a store. While thus avoiding her he fantasied that she would inform a policeman that he had molested her and that the officer might then arrest him. Forced into a disagreeable passive situation by a woman, he was reacting with sadistic fantasies of molesting her and being punished by a man.

His memory of relationships with men began with the affection he received from his uncle. He recalled pleasant childhood scenes of sitting on his uncle's lap and being rubbed by his rough beard. When he was nine years of age his sixteen-year-old cousin let him hold his penis. Afterwards he

remembered that he enjoyed playing with it. This episode, which occurred during the same year in which they had made put-and-take tops together, was interrupted by someone in the house. The patient said he experienced no sexual desire, that his pleasure consisted in looking at and holding his cousin's penis. Between his twelfth and twenty-third years, he had a number of sexual experiences with boys who were older or larger than himself. In these episodes he found much pleasure in looking at and grasping the penis of his companion, which he always regarded as much larger than his own. The satisfactions from looking and grasping were important elements in these situations. His behavior through looking and grasping was very aggressive, suggesting immediately the idea of a wish to castrate those men and substitute their larger penises for his smaller one. He usually masturbated the other person although on a few occasions he submitted to being masturbated. In public toilets and in the dressing rooms of gymnasia he had much satisfaction in looking at the genitals of others. He always felt ashamed of his own.

When he was fifteen his twenty-six year old music teacher made sexual advances to him, and he came to have strong desires for this man who usually masturbated him. There were only a few occasions when the patient masturbated his instructor. After this relationship had been in existence for more than a year, the instructor performed coitus interfemora with the patient in a standing position. This episode terminated with the teacher masturbating himself and subsequently masturbating the boy. After this experience the patient avoided seeing him any more. At twenty-two he masturbated his roommate at the dental school, and at twenty-three he attempted unsuccessfully to reëstablish the relationship with his music teacher. Shortly after he failed in that effort, he developed a friendship with a girl which culminated in his marriage.

His masturbation fantasies before the relationship with his music teacher included visions of nude women and of a man

and a woman in the act of coitus. After he had been masturbated a number of times by the older man, he dreamed that he tore the clothes from a girl who was in a standing position and that he then violently inserted his huge penis, tearing her genitals in the process. The girl stood with head bowed, arms at her sides, completely submissive, experiencing no enjoyment from the procedure and only waiting for it to be over. This dream of rape was an exaggerated repetition of the pseudo-intercourse with his music teacher combined with the laceration of his own genital through vigorous masturbation at the age of fourteen. It is easy to see how completely his own experiences, even to the point of not having any satisfaction, were repeated by this girl of his dream. The two persons in the dream were representations of his sadistic and masochistic selves. His masturbation fantasies subsequent to this dream were always patterned after it with practically no variation. He thus made the step, though in fantasy, from masochism to sadism and from homosexuality to heterosexuality.

Having later been unsuccessful in reëstablishing his relationship with his music teacher, he turned from him and passivity to a heterosexual object and activity in reality. In his marriage to a masochistic wife he found important fulfilments for his instinctual demands. He felt superior to her in appearance and he was slightly sadistic, often finding pleasure in not giving her pleasure.

In his sexual relationship with his wife, he would withdraw and achieve ejaculation through masturbation and then either leave her to masturbate herself, or sometimes he would masturbate her. His intimate relationship with his wife was a reproduction of the episode of pseudo-intercourse with his music teacher with the rôles reversed. He found less pleasure in the sexual relationship with his wife than he had enjoyed in masturbating himself before marriage, and he had intercourse with her only occasionally 'because it had to be done'. Thus his relationship with his wife was a step toward an object relationship but not a giving-up of his autoeroticism.

In his marriage he also found gratification of his earlier infantile and passive wishes for support and affection.

Within a few weeks after the patient had begun the study of dentistry he developed the circular itching lesion on the dorsum of his right hand which eventually brought him to analysis. This dermatitis always disappeared spontaneously with the beginning of vacations from dental school and remained absent until he returned to school. It was therefore intimately related to his work in dentistry which furnished opportunities for gratifying his neurotic demands. In his childhood he had attempted to make restitution for his theft of the transfer pictures but the suffering and the injury connected with his broken leg had proved to be too great. Soon after starting out on a career which was to bring him gratification of his castrating, stealing, and sadistic impulses, he was paying in advance with the lesion on his hand. When it first appeared, he was having marked anxiety about his ability to carve wax models of teeth.

Scratching the lesion on the dorsum of his hand gave him a pleasurable sensation in his penis similar to the one he had experienced earlier in masturbating and during defæcation. Tearing the lesion with his fingernails, like his dental work, corresponded to his fantasies of sadistic intercourse. His wife and his mother prohibited his scratching but he did it secretly or in his sleep. Irritating the lesion had the same symbolic value as masturbation and as tearing the vagina of a woman. It was at the same time a defiance of his mother's prohibition against masturbation and her insistence upon cleanliness.

The life history of the patient disclosed that in addition to the chronic dermatitis on his hand, he had previously suffered from skin lesions on other parts of his body and that on several occasions he had reacted to various anxiety situations with small blisters. While receiving light treatment for little blisters on his tibiæ, he became fearful that he was being burned by the lamp and immediately afterward developed a dermatitis on both cheeks which persisted for five months. These lesions were similar to the one on his hand. Before

the onset of the dermatitis which eventually brought him to analysis, his mother had had for several weeks a severe dermatitis on her thighs. This identification with his mother is similar to one of the cases reported by Barinbaum. The dermatitis of his scalp at the age of seven was, as we have already seen, a way of gratifying his desire to be dirty, and similarly with the lesion on his hand, openly to express opposition to his mother without fear of being punished or losing her affection.

When he was twenty he attended an illustrated lecture on syphilis in the course of which he learned that the disease could be acquired through merely touching a person suffering from it. The illuminated pictures portrayed necrotic processes involving male genitalia and those visual impressions stirred him most deeply. Immediately after the demonstration he remarked: 'After all that we have seen in this lecture, is it worth the chance to get one or two minutes of pleasure and catch syphilis?' Within a few days he observed three tiny blisters on his penis, became frightened that he had been infected with syphilis, and secretly consulted a physician who prescribed an ointment. This episode suggests the importance to him of looking as well as of exhibiting. Looking at male genitalia was a pleasure for which he had to punish himself with blisters. The blisters, on the other hand, gave him a chance to exhibit his penis to the physician and to receive reassurance that he was not castrated.

A similar experience occurred a few weeks later. A man who was known to have had a venereal disease was invited by the patient's parents to spend an evening with the family. When the patient learned of this prospective visit he protested strenuously against it and bathed himself in a solution of bicarbonate of soda before the guest arrived. He felt fearful throughout the evening as he sat opposite the visitor. Upon awakening the following morning he discovered a small blister on his penis. He was badly frightened, was convinced he had acquired syphilis and was rushed to a doctor. When he was examined by the physician the blister had disappeared.

Blisters on his penis, which meant damaged genitals, also connoted female genitals to him.

Now he had freed his penis from the 'curse' of femininity, transposing this femininity to his hand, which at the same time was an organ easier to be looked at and to exhibit. He had done the same in his childhood when, having inspected his mother's genitals, he was so eager to gain possession of the transfer pictures. Those transfer pictures apparently meant the hidden private parts of his mother, which he not only made visible to himself but also pasted in his school book so that he could feel they belonged to him and he could look at them whenever he wished. A lesion on his own body at later times must have meant a substitution for the stolen pictures as well as a substitution for the stolen view of the feminine genitals.

In choosing his profession he did not follow his uncle nor his father but rather his own unconscious needs. In dentistry, through a displacement from below upwards, he found a socially acceptable channel for the gratification of his voyeuristic impulses and the aggressiveness with his hands which he had previously satisfied in homogenital episodes. In his professional work he also gained gratification of castrating tendencies by replacing the original strong teeth of his patients with weaker artificial substitutes. This was the expression of an earlier pattern. In his childhood he had stolen cigarettes of good quality from the father of his chum, replacing them with cigarettes of an inferior quality stolen from his uncle.

In the dental school clinic he was mainly interested in the casting of crowns and inlays. He stole a few bits of gold at a time whenever he was allotted this material for such work, thereby reënacting the behavior of his childhood when he stole small pieces of lead from his uncle for molding put-and-take tops. On a number of occasions when men patients with suitably large gold bridges presented themselves for treatment, he extracted the abuttments, filched the bridges, melted them and converted the gold into cash for his own purposes. His father was one of the persons whom he victimized in this

manner. In other instances he collected larger fees than the ones established by the clinic and pocketed the difference. He frequently extracted teeth so that gold bridges were required as replacements. Once when he foresaw that he would not be able to pay his office rent he solicited his landlord to have an inlay made. He executed this work but purposely avoided discussing the cost; when the task was finished he felt that he had him in the palm of his hand and set a fee large enough to pay his rent and to make the landlord indebted to him for an additional sum.

His twofold purpose with male patients was to weaken them and to make a profit for himself. He would extract their teeth upon the slightest excuse, often without an examination to determine their condition, and replace them with weaker artificial teeth. With women and children of whom he was not afraid, he did careful and painstaking work. He took every precaution to make their treatment as painless as possible because of his own fears of being hurt by dentists.

In the clinic he was exhibitionistic about his technical achievements, often asking his classmates to view his work. In like manner he purposely exhibited his lesion to patients; if they did not remark about it he would call their attention to it. Dentistry provided him with opportunities for overcoming his feelings of inferiority about his height, for the tallest man in his dental chair was shorter than he.

His inordinate craving for money was a wish for masculinity and all that it signified. Whenever he received satisfactory sums from patients he felt adequate and happy.

When he came to arrange for his analysis he explained that he was completely dependent upon his parents who were quite poor, that he had no earning power because he was attending school, and that he wished to offer himself as a guinea pig for the advancement of science. A minimum fee was established and it was agreed he should pay regularly a certain portion in keeping with his supposed capacity at the time.

In the first dream which he reported in his analysis, he reproduced an important part of his neurosis. He dreamed

that he saw the dean of the dental school and a large, aggressive classmate meet each other on a grassy plot near my office. The dean made a remark and his classmate made an angry reply. They fought and the classmate struck a blow with his right hand to the dean's left jaw. The scene changed to indoors and the patient was applying cold cloths to the dean's injured face. He noticed that the bruised area looked the same as the lesion on his own hand. The dream was provoked by two circumstances. The patient had applied to the dean for a teaching position and had been refused and was sorely disappointed. He wished I would get sick so that he would not have to come for treatment because he did not wish to relate further facts about his sexual life. The incidents in the dream reminded him of an experience and a fantasy which occurred in his childhood. He had been naughty at school and the woman teacher told him she wanted to talk to his father. He then had a fantasy in which he saw her in a burning house, rescued her, and thereby came into her good graces. The dream showed the splitting of his personality into the masculine, aggressive classmate, and the feminine part which nursed the wound. Refusal by the dean and being analyzed were two passive situations which were unpleasant to him and they were reacted to in the dream by inflicting a wound on the dean's face—a sadistic activity against the person who had forced him into a passive situation. He put his own wound onto the other man and the process in the dream by which he did this was that of the transfer pictures. When in reality he was forced into a passive situation he responded with active, sadistic fantasies, while in reality situations of an indifferent kind he reacted promptly with passive attitudes and fantasies. In the dream the bruise on the dean's face was the same as the lesion on the patient's hand and inasmuch as the bruise was traumatic in its etiology, it was suspected that the origin of the hand lesion was the same. During his analysis there was no evidence that he ever intentionally initiated the lesion on his hand but it was often noted that he unknowingly perpetuated the dermatitis. He wore heavily

starched cuffs which rubbed against the lesion, or his overcoat sleeve would irritate it and the size of the lesion would increase. When the lesion was very small he frequently fantasied it as being much larger showing how much he needed and valued the dermatitis.

During the first months of analysis the dermatitis showed no improvement. This failure of therapy was related to the following fact: shortly after he had started analysis he stated that he was unable to pay even the small portion of the fee which he had agreed upon when treatment was begun, and thereafter he paid me a smaller sum. Believing him I said nothing about this change in our financial arrangement. It was only much later that I realized my mistake in having believed him. After graduating from dental school he borrowed money with which to enter into private practice. He began having a small income which he used to meet the obligations he had incurred so that he never had anything left for himself. Having no money for himself he did not see how he could pay me. Relatives gave him gifts of money with which to purchase necessary furnishings and his wife borrowed money with which to meet the demands of creditors. When he purchased an electric sign for the exterior of his office and succeeded in paying for it after the merchant insisted that he do so, I became aware that I had been too indulgent with him and that he had been repeating with me the pattern of his behavior in his childhood when he gave to his cousin what he had stolen from his uncle so that he could get from him what he wanted for himself. I had been behaving with him like his mother who in his childhood not only overlooked his stealing but blamed someone else for it and did it herself. I had also acted like his uncle who, although he knew the patient had stolen the lead discs, was willing to overlook the theft and let the cousin take the blame. When he had stolen the transfer pictures from his friend the fracture of his leg had relieved him of a sense of obligation and guilt; similarly in the analysis I was unwittingly allowing him to fulfil his obligation with the skin lesion on his hand and this is

why he was relieved of the feeling of owing something to me. After explaining to him the mistake as I saw it I insisted that he fulfil the original financial agreement which he had made with me or discontinue the analysis.

Within a few days the lesion on his right hand became much more extensive and for the first time similar lesions appeared on the dorsum of his left hand. The dermatitis was more severe than it ever had been and he thought he would have to close his office and depend upon his insurance. He had increased his suffering to avoid paying the fee but when I remained adamant his lesions began to disappear. Within a few weeks after he began adhering to the original financial arrangement, the dermatitis of his hand and the minor lesions on his elbow and ear vanished and did not return.

The anxiety which developed subsequent to my demanding that he be honest had the following meaning: he could not escape from real payment because of his injured hand which substituted for his injured leg of a former time; he had to pay for treatment in terms of the contract. The lesion disappeared because it had lost its value as a substitute for payment. Threatened by the firm father who demanded payment he gave back the transfer pictures which the lesion symbolized and he began making restitution. His recovery was a flight into health because of increased castration anxiety.

The chronic dermatitis on the hand of the patient protected him from castration anxiety and served as a restitution for his own castrating tendencies. At the same time it allowed gratification of his partial impulses, including his voyeurism, his exhibitionism, his sadism and his masochism. In addition it provided masturbatory gratification. The dermatitis disappeared when his castration anxiety was stimulated and the lesion no longer protected him from this dread. He was forced to give up the partial gratifications afforded him through the lesion and to make restitution, in order to avoid castration anxiety and to receive love from the analyst in the rôle of father.

For external reasons the treatment had to be terminated

so that there was no opportunity for further analysis of his castration anxiety. In the two years since the analysis was terminated there has been no recurrence of the lesion and he has continued to pay me regularly what he owed me on his debt. His sexual life also shows a great change. He has given up the delusion that he has a very small penis, he is able to satisfy his wife, and has developed hitherto unknown affectionate feelings for her.

POETRY PRODUCTION AS A SUPPLEMENTAL EMERGENCY DEFENSE AGAINST ANXIETY

BY HARRY B. LEVEY (CHICAGO)

Poetry, because of its frank verbalization of fantasy, has been valued as the most desirable of sublimated material for psychological studies of an artist's personality.

In Poetry As An Oral Outlet,[1] Brill views poetry as oral autoerotic play, 'a chewing and sucking of nice words and phrases', and refers 'those interested in the actual dynamics of poetry productions in relation to psychoanalysis' to Prescott's, The Poetic Mind.[2] This creditable work, as well as the studies of Freud,[3] Rank and Sachs [4] on the subject, accepts poetry as a sublimation and fails to deal with the process of its production or its functions for the personality as a whole.

It is the aim of the writer to describe the dynamic and economic functions of the production of poetry as it occurred in a woman of twenty-seven, the younger of two sisters, who came for psychoanalytic treatment of her sexual frigidity.

In the transference the patient recreated her tendency in life to seek maternal protection as refuge from the guilty cares of a hateful sexual competition and to defend the fears arising from identification with a damaged sexual rival (sister). Her leading conflict concerned the wish for a child and its frustration by the demands of conscience. Guilt required that a pregnancy, as the object of the competition, must avenge upon her the impulse to destroy the beauty and fertility of a rival.

Read before the American Psychoanalytic Association, Washington, D. C., December 27, 1937.

1 Brill, A. A.: *Poetry As An Oral Outlet.* Psa. Rev., XVIII, 4, 1931.

2 Prescott, F. C.: *The Poetic Mind.* New York: The Macmillan Co., 1922.

3 Freud: *The Relation of the Poet To Daydreaming.* Coll. Papers, IV.

4 Rank, O. and Sachs, H.: *The Significance of Psychoanalysis for the Mental Sciences.* N.M.D.M.S., No. 23. New York and Washington: Nerv. and Ment. Dis. Pub. Co., 1916.

With dawning insight into the fact that her fears were reactive to hatred, she accepted such interpretation only as a serious threat to her self-esteem. This sensitive self-esteem was derived from the need constantly to reassure herself because she suspected that destructive impulses towards a rival had damaged her own attractiveness and fertility. Too guilty to seek from her mother the needed reassurance against the fear that her genitals were damaged, she began frequently to express marked concern that the analyst would find her repulsive and undesirable, and braved the task of defending this fear by wooing him in order to win his reassurance. The effort to gain this reassurance from the analyst as father aroused repressed jealousy towards her sister and increased her fear of retaliation from her mother for this sister-hatred and also the fear that her own genitals were damaged as in fantasy she wished to damage those of her rival. This conflict resulted in a vicious circle, in which the desire for a man's reassurance against fear that she had harmed her genitals served only to augment that fear.

During the seventh week of the analysis, when the intensity of these anxieties had begun to tax the efficiency of her ordinary defenses, the patient entered a cycle of supplemental measures for their safe relief. Table A is a calendar summary of the events leading to the development of great anxiety, and describes the typical cycle of unusual defensive measures as it was repeated three times within a month.

In successive cycles, the maternal tie was weakened, the jealousy less repressed, and the oral symptoms more frankly expressed. After the third cycle, when the repression of jealous hatred had sufficiently lifted to permit its relief by verbalization, the cycles disappeared, since her anxieties, although still present, were unable to accumulate emergency intensity as before. Her dysmenorrhœa disappeared as well.

We are faced with the interesting problem of how this patient was able to produce poetry when her previous attempts to create, whether as pregnancy or sublimation, all eventuated in destruction of the product. In an attempt to understand this problem dynamically and economically, we turn to her

TABLE A

UNCONSCIOUS FANTASY Cycle 1	UNCONSCIOUS FANTASY Cycle 2	UNCONSCIOUS FANTASY Cycle 3	DYNAMIC SEQUENCE OF THE CYCLE	ORGANIC SYMPTOMS Cycle 1	ORGANIC SYMPTOMS Cycle 2	ORGANIC SYMPTOMS Cycle 3
			MATERNAL REFUGE is sought to defend: (1) terror of retaliation from mother for damaging the sister as sexual rival for the father; and (2) fears due to identification with the damaged rival. Her peace with mother is disturbed by FEAR OF HAVING DAMAGED GENITALS. In defense, she ATTEMPTS TO WIN REASSURANCE FROM THE ANALYST AS FATHER. The results of this effort are:			
DREAM OF DESTRUCTION OF RIVAL ON December 26	DREAM OF DESTRUCTION OF RIVAL ON January 6	DREAM OF DESTRUCTION OF RIVAL ON January 24	INCREASED REPRESSED HATRED OF A RIVAL, INCREASED FEARS, and THREATENED LOSS OF MATERNAL REFUGE. In defense, she	Mild Nausea	Marked Nausea	Ravenous appetite Dysmenorrhœic pains although not menstruating
ANXIETY IS EXPRESSED IN A NIGHTMARE ON December 30	ANXIETY IS EXPRESSED IN A NIGHTMARE ON January 13	ANXIETY IS EXPRESSED IN A NIGHTMARE ON January 28	CLINGS TO MOTHER TO OBTAIN REASSURANCE NOW URGENTLY NEEDED, but fails because of guilt. There occurs a			
			PREMATURE MENSTRUAL PERIOD to which she attaches the significance of expulsion of her incorporated rival. She views the menstrual irregularity as real evidence of the feared genital damage, and this fear is now defended by the	A PREMATURE MENSTRUAL PERIOD OCCURS ON THE DAY FOLLOWING THE NIGHTMARE December 31 at 23 days	A PREMATURE MENSTRUAL PERIOD OCCURS ON THE DAY FOLLOWING THE NIGHTMARE January 14 at 9 days	A PREMATURE MENSTRUAL PERIOD OCCURS ON THE DAY FOLLOWING THE NIGHTMARE January 29 at 10 days
POETRY PRODUCTION DURING THE MENSTRUAL PERIOD January 1	POETRY PRODUCTION DURING THE MENSTRUAL PERIOD January 18	POETRY PRODUCTION DURING THE MENSTRUAL PERIOD February 2	PRODUCTION OF POETRY	Complaints of feeling empty announce the end of one cycle and the beginning of the next		

transference attitudes as expressed in unconscious fantasies and defenses during the cycles.

An anxiety dream of the first cycle was reported on December 30th as follows:

> 1. I was in a room I had never seen before but Mary [a mother-substitute] was there. I seemed at home. I took off my dress and wanted to have it pressed or fixed. I don't think there were others in the room. If there were, they were people I was so used to it wouldn't make any difference. I gave it to the maid and I was sitting in my underwear in the living room. Bell rang. Company—one man. I was filled with terrible fright. Conscious suddenly that my underwear was torn, I flew into the kitchen, got my dress and ran upstairs. I was quite afraid. Then it seemed that man was a musician or something. You see I rushed out to the women to help me when he came and the women were servants. They did help me. They gave me the dress.
>
> 2. Then it suddenly turned into the living room of my parents' home. A man was in this living room playing my flute. I was very annoyed. I picked it up after he stopped playing it and it wasn't my flute at all. There were three flutes and they were his. In that corner of the room my father plays the flute.

In section 1, after seeking maternal reassurance, she tries further to mend with heterosexual reassurance the anxieties due to hysterical identification with her sister's torn genitals, but fails because of masochistic terror and fear of being repulsive. In section 2, in order to retain maternal refuge from these fears and from retaliatory fear of her mother, she attempts to conciliate her mother by wooing with masculine airs after the manner of the flute-serenading father. The attempt is literally to 'blow away' the aggression to a rival.

On the following day, with the occurrence of a premature menstrual period, her fear of the mother's retaliation, and her dread of the sister who had been destroyed in earlier stages of the cycle, were somewhat relieved. Now the premature menstruation itself disturbed her unreasonably as real evidence of

the feared genital damage. She relieved this increase of anxiety by employing the next supplemental emergency defense in the cycle, namely, spontaneous production of poetry. Table B describes chronologically the production of the first poem and its dynamic functions.

TABLE B

TIME	EVENT	DYNAMIC ELEMENTS
Dec. 30th	NIGHTMARE OF THE CYCLE	See the dream reported above
Dec. 31st	PREMATURE MENSTRUAL PERIOD	See Table A
New Year's Day	POEM FRAGMENT "To forsake you, and forsaking, leave undone Essential, mitigating pain,"	To leave my maternal refuge means to face my guilt and the pain essential to guilt.
Night of Jan. 1st	DREAM That I was in mother's home at the breakfast table and friends of mine came, among them Mr. X. Mother didn't offer them breakfast and I didn't feel in a position to offer them breakfast because I was in mother's house.	I "forsake" my mother but
	Then I was walking across fields, a beautiful day — wild flowers —	I really *pretend* to leave mother, and recapture her in animistic substitutes I deny that I destroyed her fertility
	I came to my sister's house I had never seen before. She was having guests to dinner and asked me in. I didn't stay to dinner, and envied her in the dream that here she was in her own house and could have guests. I think some of her guests were the same as at mother's house. I awoke from the dream—	I restore my sister to new life, and to enviable sexual attractiveness and fertility.
Jan. 2nd A.M. as awoke from dream	POEM FRAGMENT I awoke from the dream repeating *a poem I seemed to have made up in the dream:* "I dreamed I walked on the new Spring earth, And many houses did I pass But none were mine."	A defensive poetic supplement to the dream, emphasizing: I am estranged from my body and its hates and fears. I am with my fertile mother.
Jan. 2nd A.M. on her way to analytic hour	POEM FRAGMENT "To forsake you, and, forsaking, seek A printed page to shield me from the sun,— This have I done and want not done,	An additional defensive supplement to the dream declaring "I am devoted to my mother and regret leaving her to face my fear of her, my fear of being repulsive and my fear of sexuality.

The patient recorded the complete poem, as follows:

• To forsake you, and, forsaking, leave undone
Essential, mitigating pain,
I dreamed I walked on the new Spring earth
And many houses did I pass
But none were mine.
To forsake you, and, forsaking seek
A printed page to shield me from the sun,—
This have I done and want not done:
To forsake you, and, forsaking, leave undone
Essential mitigating pain.

The poem states that she intended to dream a forsaking of her mother. The dream is only a pretended forsaking; even so, she defensively needs to deny it further with the second poetic fragment of Jan. 2nd.

The defensive value of the poetry was apparent; it enabled her to achieve safely, and by herself, that reassurance which she had sought from men and which had only increased her fears, and it was efficient in helping her to restore herself to the mother's good graces. It afforded, in an emergency of acute anxiety, supplemental defense where the dream-work had failed. The poem's exhibitionistic tissue of lie and pretense served to conceal guilt and to give reassurance of unimpaired beauty and fertility. Further, it hoodwinked conscience and so restored her to the safety of maternal protection. Therefore the cycle ended.

Toward the end of the analytic hour just described, the patient complained of sexual excitement which kept her awake, and asked about its treatment with sedatives. Because this was understood as a confession of the wish to masturbate, and since the transference indicated that such advice would be accepted more as reassurance than as rejection, she was told that the baths, which she had previously found relaxing, would be preferable. In a dream of the same night she utilized this advice in an attempt to undo aggression, the 'undone' guilt of which there had been mention in the poem.

I was with my sister in a restaurant or a public place where flowers had been around. The servants were cleaning up, taking them out of vases. We: 'Oh, can't we have them?' They: 'Yes.' Then they gave us a great many. I had an armful. I went with them into the corridor and saw I was holding the flowers like a child and they were all wilted. I saw the other people's flowers, or the others' flowers, were fresh so it must have been my fault not taking care of them.

> I was conscious I was holding them as one holds a child. Suddenly, I had a doll in my hands and felt sexually excited and like masturbating, and it had some association with beating the doll. In the dream, I thought this horrible and so infantile. Then I bathed the doll, and it had human skin and became a baby.

The dream reveals sleep disturbed by wishes for reassurance against fear of having injured her genitals during the childhood masturbatory destruction of those of her sister. In it, she employs the advice to bathe as a magical purification to undo desruction. Having cleansed herself of guilt, she is now acceptable to her conscience as reborn and guilt-free.

The patient had first produced poetry upon entering grade school where she always stood in terror of the teachers who she feared might discover her masturbation. She had comforted herself then by silent verbalization of poems until some years later when she renounced masturbation in favor of religious interests.

The first conscious heterosexual jealousy appeared in the transference during the next hours—according to her, the first jealousy she had ever felt. As the jealousy gradually increased, all of her fears increased, and now in defense, she repeated in orderly sequence the cycle described. This cycle differed from the first only in the more conscious acknowledgment of jealousy, in a more successful attempt to 'forsake' maternal protection, and in less frequent defense by pretense and denial. These differences were reflected also in the poetry of this cycle, on which the patient commented: 'These are poems of jealousy —they feel newer to me; I mean being conscious of those feelings'.

The second cycle ended in the sequence of premature menstruation, poetry production, expressions of 'feeling relieved from tension' and complaints of 'a feeling of emptiness', and the third cycle began with jealousy even more consciously verbalized. Fears of having damaged herself increased. She commenced now to complain of a ravenous appetite instead of the nausea of earlier cycles, and aggression towards her sister finally achieved expression in a sadistic dream on January 24th.

> I dreamed that Katherine [a fertile and attractive sister substitute] came to spend the night with me somewhere. In the bedroom as she was undressing, I said to myself: 'She is very lovely, and not to be pitied'. Then the next morning she wasn't there. When I went to make the bed, there was blood on the sheet. I am sure in the dream I didn't think it was menstrual blood.

Because she complained of bulimia and emphasized that the blood was *not* menstrual, it was presumed that she devoured her beautiful and fertile rival. This assumption was supported by later material. In her great anxiety, she unwittingly failed to report this dream, so naïve in its expression of hatred, but during the analytic hour offered in unconscious propitiation the following spontaneously produced poem:

1 Though I have danced a thousand nights,
2 My wedding sheet is still unstained.
4 Golden doors, and a vacuum bright
5 Identity retain.
6 Though I have walked on April earth
7 My son is yet unborn,–
8 A jagged knife in a fallow earth
9 Instead of the yellow corn.

In propitiating the analyst as mother with the poem, she withheld the third line as she had withheld the dream, yielding the line only toward the end of the hour: 'Lightning cannot strike the seafloor'. The dynamic function of the poem was to relieve fears and guilt not adequately defended by the dream-work. It served also to deny bloody destruction of her sister, it asserted fertility, and testified that she was not 'pregnant' (that she had not incorporated her hated sister). On the contrary, the poem declares that she is virginal, undamaged, and deep in the womb, safe from fear of retaliation of her mother, and safe from a sexuality she had made so dangerous. To give the sister and herself rebirth in order to regain maternal protection, the guilty bloodstain of the dream is immediately denied by the poem and the guilty incorporation is also denied as a lesser crime–'pregnancy'. The poem's economic function is, therefore, to keep repressed a dream in which the dream-work failed

to disguise effectively her destructiveness. It is remarkable that during this analytic hour, although not menstruating, the patient complained of dysmenorrhœic pain. The dream withheld on January 24th was not reported until January 27th.

On January 28th, during the third cycle, a premenstrual nightmare revealed more clearly than in earlier cycles the dominant conflict she was attempting to solve.

> I was in Boston and going out for a walk. I had on a very unattractive costume of *egg-yellow and pink.* I was going on this walk before coming to analysis. In the back of my mind: 'I can't possibly go to analysis like this. I'll have to change my clothes before I go.' Then I thought I'd go call on Mary; she is a sculptress. Then it's awfully mixed up. I climbed a great many stairs that got more and more narrow—outside stairs—till I got to a place where there were hardly any stairs at all, just a crack I was walking on; then I was afraid and terrified of the woman who owned the house. If this person should see me I felt sure I would be killed. I thought, 'Well I'll go and find my sister'. Suddenly I was in a field with my sister and many children who were playing baseball. I said to her: 'Can't you lend me some clothes? I can't go to analysis like this.' Sister: 'Yes, go get them.' Then I went in the room to get her clothes and I was again terrified. Along one side of the room were windows. A woman, I think the same one as before, would look in and see me. In the first part of the dream I found myself on a street and didn't want to be there; wondered why I came out for a walk anyway.

The dream expresses clearly the fear that she had destroyed her own beauty and fertility, terror of her mother due to guilt, restoration of the sister, and restitution to the sister of enviable beauty and fertility. The unattractive costume of egg-yellow and pink suggests that she unconsciously attached to the premature menstruation the significance of a wish to rid herself of the destroyed and dreaded rival, and that she viewed the premature menstruation as real evidence of the feared genital damage. The nightmare heralded a menstruation which, con-

forming to the schedule of previous cycles, occurred on the next day, and anticipated her menstrual date by three weeks. Associated with the menstruation were expressions of relief from emotional tension and declarations that she would never have believed herself jealous, or that her jealousy could be so destructive. This cycle was the last and ended with the production of her final poetic fragments:

> Like the goat song your rough harmony eludes me
> Utterly, ignominously.
> These notes are sweet,—
> Let them stand apart.
> I cannot yet hear the awful wholeness of your song.
>
> What can I give you of breathless beauty?
> What can I seek to sing?

These are notably calmer in tone and lack the protest and denial of the earlier poems intended for the analyst as mother. They contain promise of future attempts to experiment with creation on a genital level.

The patient produced fifteen poems which represented serially in the transference her childhood attempts to solve her nuclear conflict. Those of the first cycle reproduced early flights to mother from the demands of conscience over destructive masturbation. The poems of the second cycle reproduced the religious solution she attempted upon renouncing masturbation at the end of childhood. These repeated also the disintegration of the religious defense when it acquired colorings of sexual jealousy. The later dealing with jealousy is illustrated in the following example:

> I fear you prefer a cultivated rose
> To the wild flower growing on the sea wall.
> Pink, not yellow—
> Silver, not copper—
> Crystal, not granite—
> Is your love.
> You need not seek a falling star
> When the household lamp will satisfy.

In the poems of the last cycle she reproduced both her adolescent rejection of sexuality and her provocative attitude towards men in order to gain reassurance.

The release of jealousy from repression enabled the patient to verbalize in the transference some hatred for a rival and removed her need to produce poetry as supplemental defense of fears of genital damage derived from that hatred. In the course of the cycles, utilizing poetry production as an emergency defense against acute accesses of anxiety, she learned eventually to wander from her maternal shelter and to confront with some courage the jealousy from which she had formerly retreated. Accordingly, in successive cycles the content of the poems gradually changed from wooing her mother to the guarded wooing of a man until anxiety from jealousy could again be mastered by ordinary defenses, whereupon poetry production ceased.

Since these findings were first reported, other patients—men and children as well as women—have confirmed for the author the defensive functions of poetry production here described.

Conclusions

In conclusion it may be stated that the production of poetry occurred in analysis as a supplemental emergency defense of anxiety in the dynamic cycle described. It was economically valuable for maintaining the repression of aggression. The poetry was produced to undo aggressive impulses, and not as a sublimation through which the ego protected itself from demands of the libido and the superego. It was no longer produced after this need had passed. The production of poetry reproduced in the transference the patient's customary childhood defense of acute increments of anxiety. Further, the content of the poems in successive cycles reproduced serially the various defensive solutions with which she had attempted to master her nuclear conflict during childhood.

TYPES OF ADOLESCENCE

BY SIEGFRIED BERNFELD (SAN FRANCISCO)

A comprehensive psychoanalytic theory of adolescence has not yet been worked out. The fragments which have been published by several authors are to a certain degree inconsistent with each other, but they coincide in points of sufficient importance to warrant an attempt at piecing them into a theory. Briefly and roughly it may be sketched as follows.

After years of conflict between the instincts and the external and internal powers which enforce renunciations, the child reaches the equilibrium well known to us as the latency period. This relatively stable structure of mind and of behavior pattern is soon submitted to the test. Puberty appears. We do not know exactly either its eliciting factors or all the details of the far-reaching bodily changes which it involves. In psychoanalytic terms, puberty consists of a considerable increase of libido arising suddenly. The structure of course is not fitted to bear that burden. To adjust it to the new situation becomes of most urgent concern, and it is managed by the complex changes of mind and behavior which we call adolescence. Thus, adolescence is the adjustment of the child's personality to puberty, or at least an attempt at one. The task of bringing things into a new equilibrium can be accomplished by many and very different means. Each libidinal urge can be satisfied or repressed or be overcome by the various defense mechanisms of which only a small number has been described and named by psychoanalysts to date. Since there are scores of different ways of adaptation, there must exist more than a few types of adolescence. The selection of a definite mode of adaptation is, as we know, determined by the past life history of the individual. Thus we may expect to gain knowledge of the conditions which foster or prevent the development of these types.

Our simple but nice formula is too poor to pass even as a nucleus of a scientific theory. Nevertheless it conforms to the

facts better than the various formulæ suggested by many psychologists, who claim that the very nature of adolescence or the peculiarities of the adolescent have been discovered by them. German writers, especially from 1920 to 1930, have been fertile in constructing such formulæ for the age between childhood and adulthood. From the start their efforts could not be successful because adolescence is a phenomenon so complex and multiform that one or a few terms cannot cover it. What happens during the years of youth varies from individual to individual and the field of variation is a conspicuously extensive one. Considering the abundance of variation the aim of the psychologist seems to consist in describing types only. No doubt such criticism is sound. Guided by it psychologists have not always escaped the other danger, that of overlooking the similarities which unite the various forms. In this situation our psychoanalytic formula deserves some attention. It considers the mentioned unity, terming it 'adjustment to a biological fact (puberty)' and at the same time comprises all the possible types of adolescence by the very fact that the adjustment in question can be achieved by different means.

By amending the formula we make its usage more expedient. Puberty occurs in a certain body; but that body lives in a definite time, at a definite place under concrete social and cultural circumstances. The pubescent child is surrounded by people who have clear ideas about how he should behave. The means he chooses to overcome the situation aroused by the increased amount of libido may either be in harmony with these requisites or may contradict them. Adolescence may be compliant or rebellious. The biological process occurring in the body and the attitude of the environment in which it lives are two sets of facts that are constant in contrast to the mind of the youngster, and neither is changeable nor subject to his influence. The particular form of adolescence that is developed to meet the disturbing biological fact may therefore be described in terms of biological and social dependencies.

The attitude of adult people towards the puberty of their

children unfortunately varies from culture to culture. It varies within the same nation from class to class and varies with time even within the same stratum of society in the same nation. Nevertheless there is some conformity in these different attitudes. With rare exceptions, adults guiding and judging the behavior of children and adolescents are opposed to early sexual intercourse, even in the advanced stages of youth. And more than that, they expect that the adolescent shall not be much concerned with wishes, fantasies or plans, in so far as they express specific adult sexual attitudes.

We may disregard the exceptions mentioned in the present sketch. Thus the compliant adolescent has to renounce adult sexual life; he must reject such sexual wishes, should they become conscious. The rebellious adolescent will disregard such prohibitions. He will try to get libidinal satisfaction through sexual activity as soon as his physique permits it, perhaps even earlier. Since many facts work together to make this task difficult for him, he may be forced to postpone the realization of his plans. He will struggle against the obstacles, regarding them merely as external hindrances which are put in his path without justification and considering it his right or duty to overcome them by cunning and patience. Such rebellious pubescents exist beyond doubt, though psychologists do not like them and have given them less consideration than they deserve in point of number and social importance. As pure types in every field are rare, the extremely rebellious adolescent, which I have in mind, is more unusual than the numerous varieties that display, among other traits, disobedience to a greater or less degree.

Let us consider the opposite case, the extremely compliant adolescent. He can settle his problem in the easiest and simplest way, that is, by repressing thoroughly at the onset of puberty. In such cases puberty passes almost unnoticed. A tendency to develop symptoms of neurotic anxiety or of hysteria as well as a short period of restlessness, which either accompanies or precedes the formation of these symptoms, may be noted. Then the pubescent resumes his former compara-

tively balanced emotional life. In spite of intellectual development he remains childish, sometimes even in external appearance, and exhibits none of the turbulence that goes hand in hand with the storm and stress of youth.

Certainly these two types cover but a small part of the whole field of adolescence. We include all of them in our scheme by supposing that there may be mixed types, composed of different rebellious and different compliant traits. Unable to analyze these mixed types briefly, I shall try to check the hypothesis, first asking whether there is an item common to all the supposedly mixed types and absent in all the pure ones. In point of fact, the extremely rebellious and the equally compliant have no internal conflicts, but all the others experience them. Of course, internal conflicts cannot be absent when libidinal demands are to be controlled. The adjustment to puberty includes a struggle between the id and the superego, and therefore internal conflicts. But no conflicts will arise, (a) unless the libidinal urge is influenced at the onset by inhibiting demands, or (b) if the libidinal urge is completely powerless. The first case is identical with the rebellious type, the second with the compliant type. Thus all the other forms of adolescence, besides both pure types have a common characteristic, the presence of conflicts. Conflicts should be describable in terms of rebellion and compliance. They are aroused obviously where motives for both attitudes are at work simultaneously.

Without going into details, let this reflection be sufficient check for the hypothesis. We may then deduce from our psychoanalytic formula three classes of adolescence: (a) the purely rebellious class, I; (b) the purely compliant class, III; (c) the mixed class, II, as we shall call it. These classes may be inferred in terms of permutation from the formula. We may symbolize rebellious traits by the sign '—' and compliant traits by the sign '+' and deal with sets of two signs. We then obtain the following table:

TABLE I

	Class	Milieu: Past	Milieu: Present	Type	
Rebellious	I	—	—	1	rebellious
Mixed	II	—	+	2	obstreperous
		+	—	3	dangerous
Compliant	III	+	+	4	compliant

We do not yet know how to discriminate between the two subclasses, $-+$ and $+-$. They both have conflicts, they are mixed, they are represented by two different symbols. But the order of the symbols is not yet significant.

In this embarrassing situation, we find a way out by reconsidering the very simple facts which we have expressed above in highly abstract psychoanalytic language. The superego is the internalized and perpetuated attitudes of the little child's adult environment towards his libidinal impulses. The internal conflicts which are specific for the mixed class remind us to take into account the past environment of the child in addition to the present environment of the adolescent. In accordance with the orders of the authorities of his early childhood as well, the adolescent may behave either rebelliously or compliantly.

We introduce this thought in our table I, giving the first column the meaning of past *milieu,* and the second, present *milieu.* Thus we obtain four types, of which *1* corresponds with class I, *2* and *3* with class II, and *4* with class III.

The meaning of types *1* and *4* is not affected by this new point of view. But types *2* $(-+)$ and *3* $(+-)$ are no longer identical. As we have not heretofore bothered about the exceptions and have supposed that the requisites of the present environment uniformly reject adult sexual patterns, we have simplified the facts regarding the past environment as well. The adults who take care of the small child attempt to suppress its libidinal strivings. Their pressure is more powerful and directed to more complete and thorough rejection than is that of the authorities composing the environment of the

adolescent. But the content of the requisites is not the same in childhood as in adolescence. Rebellion against one of the two sets of demands may be accompanied by compliance with the other. Rebellion against the past environment means roughly that a certain part of the libidinal infantile wishes no longer is kept within limits by the superego. Nevertheless the adolescent may behave compliantly to the later influence, avoid adult sexual gratifications, be in defense against those wishes and fantasies, and even a complete asceticism may appeal to him. At the same time he will, for instance, be inclined to infantile masturbation, fantasies or their equivalents and averse to any progression towards adult sexuality. He may be 'naughty', 'rebellious', or 'aggressive' enough to be a nuisance and to become a problem at home and in school, and nevertheless remain sexually compliant. He exhibits inconsistent patterns and of course experiences serious conflicts. His structure is highly unbalanced. Therefore the tendency will be strong either to become compliant to past influences, too, or on the contrary, to expand the rebellious attitude towards the present influences. The obedience is costly, for the doubly strong libidinal demands can be held in check only by very great repression. Anxiety, introversion, high emotional irritability, infantile perversions on the one hand, and a consistently unsuccessful struggle to abstain on the other hand are characteristics of this type (2). It may be called the obstreperous type.

It is easy to identify pubescents who belong to this type, because the standard form, which psychologists usually describe as *the* adolescent is precisely our deduced combination $- +$.

An adolescent who complies with the demands of his childhood authorities and who nevertheless enjoys in fantasy or in action, gratifications reserved for adults only, is certainly in a dangerous position. He will be exposed to violent attacks by his conscience. Sexual fantasies and actions are not only disapproved of by his environment, but punishable by guilty feelings in all their disguised forms with all their effects. Probably he will not be fully conscious of the connection

between his depressions and his sex life, to which he believes himself to be entitled, and he will defy the reproaches, orders, and punishments of the adult authorities. To avoid pain and conflicts he is likely to renounce his pleasure and be submissive, to become an extremely compliant individual. The opposite solution is also possible. But there are instances enough in which the problem is not solved and proves to be insoluble. In our symbols this type has the designation 3 (+ −). These adolescents may become criminals; some of them will commit suicide or become wayward. I therefore suggest calling this the *dangerous* type.

Certainly this 'typology' is so crude that readers may doubt if it is worthy of consideration, in spite of my repeated assertion and apology that I myself know how rough this scheme is. Its main asset, in my opinion, is the possibility of its being improved in several ways.

We have omitted the banal but important fact that adolescence is a process and not a state. It lasts several years during which changes occur. These are mostly not trivial but usually more significant than any other changes experienced during a long life. They do not keep within the limits of one particular type. A boy may start adolescence in a state of pure compliance, may become dangerous over night, and after one or more years he may fit into the class of the rebellious. Hardly any adolescence is uniform from the beginning to the end; the development is phasic. We shall not consider whether certain laws govern the succession of these phases and their number. We restrict ourselves to a few remarks on how to deal with these phases in the frame of our combinatory typology. The simplest method seems to be to regard the succession of phases as a succession of types. A particular adolescence is thus described by a series consisting of several of the four types or of all of them. The same type may occur several times in one series.

We consider first an adolescence with two phases. For instance, the case of the youngster who started adolescence obedient to his past environment and rebellious to the present (a

dangerous pubescent)—in symbols, type *3* (+ −). At seventeen years he becomes rebellious to his past milieu, without changing his attitude to the present. He turns into a purely rebellious adolescent—in symbols, type *1* (− −).

We may very conveniently draw up Table II, showing all possible diphasic developments as follows: column A means the type which is shown in the first phase, column B the type of the second phase. The types are symbolized by the figures which name them in Table I. There are twelve different possible diphasic forms of adolescence: *a* to *l*, if we suppose that puberty may start or end with every one of the four types. The cases *m* to *p* represent the four monophasic types, which we considered before and which appear here as singularities of the diphasics.

TABLE II

	A	B
a	1	2
b	2	1
c	1	3
d	3	1
e	1	4
f	4	1
g	2	3
h	3	2
i	2	4
j	4	2
k	3	4
l	4	3
m	1	1
n	2	2
o	3	3
p	4	4

It is confusing to invent too many artificial names. We shall therefore call the different forms of diphasic adolescence by the letters *a* to *l* or by a formula, which is not limited in usage by the number of phases. We may, for instance, write A *(3, 1)* for the case we considered above as example, and which according to Table II would be *d*.

Some psychologists consider diphasic forms with preference. The reality is more multiform. Three phases and frequently many more are required to describe many an adolescence. Our symbols make it apparent that an abundance of forms is imaginable. Suppose, for instance, by looking closely at a case of type *a*, you discover a third phase either before the former first phase or between the former first and second phase, or after the second phase. There are sixty possible different forms, obtainable by permutation. The beginning of the whole set is shown in the following table:

TABLE III

a	1st phase	2nd phase	3rd phase
α	1	2	2
β	1	1	2
λ	1	2	1
δ	1	2	3

Which of these possible forms really exist, can be decided through a specific research only. How many phases a typical, how many an extremely complicated adolescence has, can not be guessed either. It is the aim of this article to encourage such questions as these, and perhaps to incite and facilitate research on them.

For the purpose of comparing individual adolescents, it will probably be useful to deal with a fixed yardstick. We divide the period of youth from its beginning to its end into phases, each one, let us say, one half year long. We evaluate the type of each of these phases in terms of our types *1* to *4*. The formula of a pubescent NN may then be: A *(2,2,1,2,2,1)*. This would mean that his adolescence lasted three years, that it started as an obstreperous one, became rebellious for the third half year, and terminated rebellious.

It may now prove diverting to calculate how many different forms of adolescence are theoretically possible. Supposing four years of adolescence to be the maximum, and admitting cases with eight discernable phases only, we obtain a substantially high number, $\angle 4^8 = 65{,}536$. This game may become useful,

if it stimulates reflection. Since the variety of forms which we really meet is certainly far below this number of possible forms, there must be definite laws that determine the succession of types during adolescence. The laws exclude many of the mathematically possible series. A nice variety is left, but talking about innumerable individual forms is vague, metaphoric, or unsound.

I expect that many readers will take this article to be an entertainment. According to this judgment, they will either like it in a way, or reject it angrily. In neither case will they take it seriously. I admit that I myself am uncertain how far my remarks in this article will prove to be applicable in serious research. The psychology of adolescence on the one hand, and typology in general on the other, are so complicated and at present so deficient, that every student is justified in communicating a new thought.

A comparison between the kind of types which psychologists usually describe and the nature of types which I advocate in this article is instructive. It touches a problem of general interest for methodologists.

In comparing several adolescents, differences and similarities naturally are observed. The psychologist usually groups them in such a way that the similarities approach a maximum within each group, which is called a type, whereas they tend to a minimum between each two of these types. When the question arises as to which type the adolescent NN belongs, it will be answered on the basis of the observation of NN. The required observation is a very simple one: look at him, see how he behaves, ask him what he feels, thinks, hopes, and fears. This method is obviously not applicable to our types. The coördination of NN to one of our types depends upon such criteria as 'obedience' and therefore involves knowledge about the environment which can not be plainly observed, and is not indicated by the observed behavior of NN. It further depends upon such criteria as relation to the past *milieu* which likewise cannot be simply observed. The criteria of our division of types are defense mechanisms or historical facts

which become observable by psychoanalysis only. The usual types are phenotypes, ours are genotypes. This typological difference, which becomes more and more important in different branches of modern science, will be easily understood by thinking over the following paradigm:

The carp and the whale belong to the same type, as compared with birds or flies. They are alike in many plainly observable important facts of behavior and of bodily construction. In a division of phenotypes they may be members of the same class or of two closely related. If anatomy, histology, and embryology are permitted to produce criteria for the division, the carp and the whale are no longer in the same group. The whale becomes a close relative of animals which have a minimum of plainly observable similarities with it. The division into genotypes uses criteria which can be selected only after a definite research, after analysis of the plain facts.

An obstreperous youth, NN, and a dangerous one, MM, can be as alike as carp and whale. Both, for instance, may be introverted types (Jung) or negativistic types (Buehler). Psychoanalytic research, however, might reveal that NN has a rebellious, MM a compliant relation to his past environment, the superego, and that they belong to different genotypes.

A typology at the same time genotypic and combinatory offers so many scientific advantages, that an attempt to introduce it into the psychology of adolescence warrants some indulgence.

THE USE OF HOSTILITY AS DEFENSE

BY LEWIS B. HILL (BALTIMORE)

Children learn the necessity of protecting themselves against the environment by not exposing their true thoughts and feelings. In time this deception is practiced also against that part of the psyche which represents the environmental attitudes. Thus the individual himself may be taken in by an emotional attitude of his own which is a defense against the exposure of a quite different, basic emotion. It is an important function of the analyst to distinguish these defensive attitudes from the underlying emotions. We have all become alert, as analysts, to the rôle of love and erotic 'transference' as disguise for anxiety. We have learned to regard this anxiety in large part as a 'danger signal' or defense against hostile impulses.

Surely in theory we have precedent for regarding hostility itself as an attitude which may also be used to conceal a deeper state of feeling. The formula for paranoia is a case in point. Ernest Jones, in Fear, Guilt and Hate,[1] clearly implies that when hate is the top layer of affect, it is being used by the patient to conceal a deeper layer of fear or guilt, which in turn defends against a deeper layer of 'ego-dystonic hate'. 'There are few emotions in life that can give the subject such intense conviction of being in the right, that carry with them such a complete sense of self-justification, as anger; the acme being reached in what is called righteous indignation' and, 'The conscious reaction of hate is an attempt to deal with the guilt, or rather the impotence it has caused.'

So, with no claim for originality, I nevertheless feel that it is in order to remind ourselves that hostility may be defensive. Currently we are used to thinking that negative transference must be interpreted early in analysis and that positive transference may be passed over and will take care of itself, unless it

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[1] Jones, Ernest: *Fear, Guilt and Hate.* Int. J. Psa. X, 1929, pp. 383–397.

is clearly in the service of resistance. This generally correct approach can tend to become translated in the analyst's mind into the formula that in analysis love is defensive pretense and hate is real. It has seemed to me, studying certain individuals, that they had learned to protect themselves by exploiting hostility, and that if this hostility impressed me as of great importance, then they had effectively sidetracked our analytic research. It is of such patients that I wish to speak. It appears that there are two sets of negative reactions, one a response to injury or frustration, the other a protection against the repetition of the same. In their outward manifestations they may be indistinguishable but in their sequelæ they are easily differentiated if one is alert to the need for diagnosis.

Reaching and abreacting the real anger of childhood, by an adult patient, is expected to result in the resolution of his problem by some such device as renunciation, substitution or sublimation, and the simultaneous removal of the stimulus to hate. However, if we encourage the repeated expression of negative feeling of the defensive variety, the result is an endless series of variations on the theme with no change in position, and the patient is not helped to overcome his ancient self deception. This second or protective type of hostility delays progress in the analysis by allowing the patient to avoid coming to grips with the problems which might arouse the first or real type of hate.

A word about the feelings and situations which can be avoided by exploiting hostile attitudes, both in analysis and in life. As stated by Jones, fear and guilt are prominent; also it has seemed to me that feelings of dependence, of a need to be loved, of passivity and helplessness, or of a desire to dominate and control (as a reaction against passivity) and even feelings of affection can seem so intolerable to certain patients that they prefer to show themselves to us as ill-tempered and defiant, quarrelsome or threatening.

There is a further aspect of the defensive hostile attitude which is of much importance if the analyst is possessed of prevalent human responses. It is quite possible that persistent

criticism and accusation, distrust and rage may serve as a real defense by carrying the battle to the enemy and causing the analyst to react with fear or guilt, hostility, or excessive gentleness. The very patients in whom I have seen defensive hostility at its fullest development were experts at noting the emotional reactions of others and exploiting them. With this point of view in mind, I wish to refer to some clinical material which has brought the issue sharply to my attention.

A single woman, in acute anxiety, came for treatment and presented for several hours an incoherent story of conflict with many persons of both sexes. She obviously watched me closely for about two weeks. Then the picture changed, the story began to be intelligible and I saw a quite dissociated individual who had struggled for some years against a mild schizophrenia. She responded to sympathetic interest and told such an appealing tale of inner desolation, of loneliness, and of terror as to provoke a considerable feeling of a wish to befriend her. This feeling found some expression in voice and manner, whereupon the patient burst into a fury of tearful rage. She became threatening and accusing. It appeared that she might fear sexual advances. We learned of a near rape in her early childhood. Again her misery and isolation led me to some expression of feeling for her in her difficulties.

Though this sounds like a confession of technical mistakes, I think the situation was very acute, one in which this woman could not have carried on without support. Yet she could not tolerate the support because of the narcissistic injuries under which she smarted, which became unendurably acute in the presence of kindness.

For about four years this pattern of alternate appeal and rage recurred at irregular intervals of a few weeks. In each cycle we gained more insight into her childhood history and more understanding of the means by which she had always hidden herself from every one. She had learned to be seductive to gain a sense of nearness, but this sense of nearness aroused sexual feelings in her which were associated with infantile

experiences and with later masturbation as well. Guilt for these was so intense that she felt unworthy of love. She then repeated the seduction, picked a fight, and was again free but solitary. This pattern she used in analysis until she could believe that kindness and understanding for her were really devoid of any temptation to overt sexual behavior.

Efforts to interpret these hostile episodes in terms of transference from the past did reveal that after a paternal seduction, the father had left in an unfriendly mood; and that afterwards her mother was consistently abusive and the patient defiant for some ten years, during which masturbation and fantasy were major interests of the patient. This insight led to no improvement, however.

Repeated discussions of the heuristic value of episodes of rage in the analysis developed recognition that the patient, pleading for relief from anxiety, was aware that I responded with considerable real feeling. This awareness awakened echoes of the relationship she had had with her father before the seduction. The mother had been cold before that. It was the happy period of her life when her father, returning from an absence, accepted her childhood advances. My kindness elicited sexual responses in her like those she had felt before the night she had slept with her father. To avoid the terror of that night, she refused to recall its antecedents. By a sort of ellipsis she jumped to her hostile relations with her mother after her father had left, and from these into fantasy in which erotic and sadistic impulses shared equal importance. My acknowledgment that she was physically attractive, and my suggestion that her need for affection excluded any reasonable possibility for an erotic relationship, cleared the way for verbal reënactment of the rape experience and a reconstruction of the scene of the following day in which she separated herself into two personalities. This finally permitted the recovery, as part of her conscious ego, of her naturally charming feminine self. The exploitation of hostility immediately ceased in analysis, and we learned of its discontinuance in various relationships in everyday life. I attribute the happy outcome of

the therapeutic adventure to the approach to her hostile attitudes as defense against her real attitudes, which were those of a five-year-old girl to a man who was about to seduce her. Such an exposure would have been catastrophic but for the fact that in this setting the rôle of analyst as kindly, accepting, but not actively coöperating in the neurotic repetition was an easy one to follow. Let us note that this patient had a cold abusive mother and a rejecting father. There was abundant basis in early life for hostility. Her rages in analysis therefore were no new thing. It was their enduring nature and their purpose in the analytic situation which made them significant.

A second patient, a single woman nearing forty, further called my attention to the matter of hostility as a defense. This woman, referred for some vague physical ailment, launched into her analysis with a shrill high-voiced accusation and challenge: I could not understand, she said, that a woman might be single from choice, might not want a man for anything other than a dinner partner, might prefer not to touch or be touched by anyone; furthermore she knew of analysts who suggested to such a woman that she solve her problem by becoming promiscuous or by acquiring a pet cat. This beginning is sufficiently revealing to suggest that much might be accomplished to relieve her ailments, but she continued some seven months to berate me, to set up one-sided arguments, to devote hour after hour to vague abstract statements indicating resentment, rebellion and defiance. Meanwhile there were few associations to the very few fragmentary dreams, few fantasies and practically no contributions concerning her history. I endeavored to relate hostility to incidents in her past history, little as I knew it, and to the analytic situation when I could. The results were bad in the sense that no new material was provoked, no change in the transference occurred, and she did not improve.

It indicates something of the state of affairs that I thought of 'unanalyzable personalities' and suggested we might discontinue our efforts. Rage increased, and with it anxiety, till I was led to the opposite extreme and as a last resort, attempted

Ferenczi's relaxation therapy. It seemed possible that the touch-me-not, change-me-not attitudes which were practically phobic in their intensity served as a resistance which could be surmounted in this way. The result was the emergence of an aggressive infantile erotic transference which she refused to see as other than real love. The situation became inacceptable to me and it was made clear that analysis could not proceed as a living out of her demands and their gratification. There was an immediate return to strong hate. This time the hate was bitter and accusative and she threatened suicide, psychosis or 'permanently wrecking everything'. For the next year there was no truce. Her work and social relations suffered, her health grew worse and there seemed no end of the sulky, tearful rage. During this phase however there were times when the rage or the despair led to her lowering her guard and a few facts were learned. It appeared that her mother suffered from touching phobias, did not want a child, did not nurse her, berated her for being a girl, and criticized her face, figure and personality. She greatly restricted her contacts outside the home, and there were no opportunities within it for a child's natural activities. Her father was a failure and the family was acutely poor during her whole childhood. The child repudiated her father completely but never escaped her mother; even after the latter's death there were repeated dreams of her. There was a noteworthy absence of any recollections of masturbation, sexual curiosity or romantic adventure. Menstruation was a great shock and was still resented.

In the analytic situation, as it reconstructed itself in my mind at this time, I came to see her emotional pattern somewhat as follows: there is an immense longing for something, which is described only in vague and abstract terms. This longing is fought down consistently. She hates herself for the longing and hates the world and me for not gratifying it. Anxiety results from this two-edged hostility, and prevents further understanding by her of its meanings. To relieve the anxiety she stresses her love of me as a man and not as an infantile object of transference. She hates me for not accepting this

solution of her anxiety. She threatens self-destruction and the end of her affection, and warns me not to let this happen. She wants some place that is her own, some situation in which she is first with me. She resents the urgency of her own devouring demands and invokes ideals. She would not wish to transgress the rights of others. These others are very vague, there is some reference to other patients, to friends, and to my children. The absence of reference to my wife is significant, for when mentioned it produces further outbreaks of rebellion against analytic rules of talking about things which are too painful.

I concluded that the difficulty must reside in part at least in my own blindness. Somewhere I was playing into her neurotic fantasy instead of exposing it to her awareness. Something I did provoked this stereotyped reaction of rebellious obstinacy. There was a pattern repeated in nearly every analytic hour: she entered the room looking sullen, tired, cold and tense; silence for some minutes was the rule; the couch was resented, sometimes refused followed by angry, resentful, bitter and discouraged expressions with efforts to create an argument and accusations that I had changed, lost interest, become hostile since the last hour and anxiety lest I give her up. As the hour came to a close she was relaxed, some dream fragments were given with a few associations, sometimes an admission of insight or improvement. Her departure, often delayed three or four minutes, was in an atmosphere of mutual understanding. The next day the cycle was repeated. This daily formula was similar to that of the whole analysis: hostility and avoidance followed by nearness, followed by hostility and distance. In the long view, the period of nearness or positive interest in me was expressed in words through which could be seen phallic meanings which did not become explicit.

I now see, or think I see, my rôle in perpetuating her pattern. Her anxieties and miseries were so impressive to me that they caused me, feeling naturally rather warmly toward her in spite of her clinical defenses, to offer her affectionate reassurances on the basis of good friendship. But the patient reacted to reassurance with hostility. Evidently she dared not accept it.

Hostility was preferable to affection. This interpretation was made and she replied that 'of course' she fought her impulses towards an erotic relationship with me as she fought all her impulses. She had always tried to kill her wants. She found that hate of herself and of me prevented her positive feelings from emerging during the analytic hours.

Recognition that she deliberately invoked hostile moods in preference to the anxiety engendered by erotic feelings permitted a rather laborious working out of the material she had already presented as well as of her further contributions. We were able to relate the exploitation of rage and fear as defense against awareness of her so completely suppressed masturbatory experiences and fantasies. It was learned that when she had tried experimentally to masturbate she reacted with severe menorrhagia. The true state of affairs, concealed by her reaction of rage, probably also hid under a displacement. Certain somewhat paranoid ideas about her associates suggested the nature of the displacement.

The reasoning was that if I were truly a sexual object and she jealous in the ordinary sense, then analysis of her attitude toward the obstructing wife ought to reduce anxiety and rage toward me. But this could not be done. Rage and resentment prevented it. There were clues that I, a man, was regarded not as a person but as a possession, as for example, in a fantasy of locking me up in a tower forever so that no one else might have me. I appeared thus as an instrument, a part object, a phallic symbol with which to meet her real love object. Envy rather than jealousy was the problem, and we may recall that she had expressed envy of me as one who had everything *I* wanted. We may understand this another way: I have everything *she* wants. What does she, with her talent for translating phallic into oral strivings, probably want? She wants to be a man, have a man's opportunities, and at a deeper level she wants to take the man away from all other women. This want causes anxiety (retaliation) and guilt which are converted into her somatic symptoms. If this intent is discovered she will be the enemy of every woman, and she both fears and needs

women. So the deep envious possessive hostility to me as father becomes converted into possessive love for me until I also fail to provide a kindly mother for her. It breaks through again as a destructive, disruptive hate. This, in real life, had forced her to live with her mother but had denied her the sexual love of men.

Analysis reawakened her competitive striving with a man for her mother's love. Anxiety led her to express this as love of me and to ignore any emotion about my wife. But again anxiety (fear of her mother's criticism and hostility) compelled her not to win the father's love. Whenever I was kind she evaded the issue by fictitious quarrels, frustrations and rages, with an ultimate threat to kill me and wreck her life.

All this prevented her from seeing me as a mother figure, excluded from her awareness fantasies of a phallic mother, excluded fellatio fantasies which were translated into remarks about 'eating a piece of cake when you want the whole cake'. Rage grew out of this frustration behind which were concealed her longing to devour mother, (a longing partly positive and partly sadistic) fellatio cravings and vaginal awareness. So she avoided coming directly to the issue with her superego derived from mother, and aimed specifically against masturbation.

The foregoing ramblings through the various paths of the unconscious were a joint exploration, the patient and I pooling our resources as we went along. It was all possible, as I see it, only after we had discussed hostility as an elective defense and so deprived it of its magic efficiency.

The last patient to whom I refer came to me, a young single man, with a very severe obsessional neurosis covered over by gracious manners and sophisticated attitudes. He consulted me concerning ways and means of getting to another analyst. In the course of our discussions he developed severe anxieties concerning fantasies of mayhem. He proposed that he come oftener to see me, and delayed going to the other analyst. Finally I suggested, in view of his anxiety, that he work with me till he could depart some months later for his work with the other analyst. He readily agreed.

From that day for three years he spoke no more about fear of castration, nothing further about anxiety, no word of his proposed departure. He talked rapidly, in an affected voice, with much circumstantiality, much saying and unsaying, and morbid displacement from one object to another. He spent a large part of each hour calling me a stereotyped series of names. They referred clearly to his father, his mother, and himself. There was no clinical improvement. All interpretations, of which there were few, were met with 'You are a fool', 'I knew that', or 'How exceedingly clever, how did you ever know that'.

Affected, dissociated hostile expressions for three years! Yet the analysis seemed to be all he had to go on. There were covert references to dependent feelings, to what he called homosexual longings, and to ambitions to get better. An extra-analytic bitter disappointment turned the tide for a time. The gain diminished and I resorted to interpretation of hostility as defense against sincere analytic work. This was met with further, half sincere, hostility. I said we would terminate the analysis in six months. The whole picture changed at once to real hostility because of this decision, plus much material showing insight into the work of the preceding three years. It seems probable that with another analyst he may complete a social recovery. It should be noted that this man in his childhood was subjected to severe competitive situations, that his father was not of heroic proportions, and that his mother was more interested in outside activities than in her home and child. In short much was expected of him and little of affection or security were offered him.

Since it has come to my attention, I have observed that other patients exploit hostile defenses from time to time in the course of analysis. I have tried to show in the cases cited the kind of situation in which I believe we should regard hostility as a defense against more sincere affective reactions to the analytic situation. Each of these patients had been an intelligent child in an emotionally destructive household, and without any affectionate support from the mother. Each had

experienced acutely a need for love, for dependence upon affectionate care from a mother, and the bitter frustration of that need. Each had had abundant occasion to feel hostility in childhood. Each became a docile child, had a delayed adolescence and learned to exploit hostility as a defense against the pain of a repetition of rejection and insult in a passive relationship with a mother. The women transferred this defense to their relationships with men. The man used it to defend himself against both men and women.

I would like to add that this type of difficulty is one in which the patient reacts poorly to the relaxation technique of Ferenczi. This method forces upon the patients an awareness of their fears of real relationships and causes them to defend themselves by exploiting hostility to avoid anxiety. Success in meeting the problems of these patients depends upon avoidance both of reaction to their need of love and to their hostility. The middle ground is friendly interest in verbalization of the problem of fears of the need for love. In this setting hostility as defense may be given up, for it is no longer needed.

BOOK REVIEWS

PERSONALITY IN FORMATION AND ACTION. By William Healy, M.D. New York: W. W. Norton & Company, Inc., 1937.[1] 204 pp.

'The Salmon Memorial Committee have suggested that thirty years of experience in dealing with the problems which developing personalities present must have brought many issues into focus and crystallized some conceptions of essential structurings. . . . What have I learned, they ask, through daily exploring the foundations of personality and behavior with preventive and therapeutic aims in mind, and with the frequent opportunity for observing the results of efforts at treatment?' Personality is defined as 'an integrated system of habitual adjustments to the environment, particularly to the social environment. Personality is the individual's specific and ordinarily exhibited attitudes, characteristics, and behavior tendencies. Whatever there may possibly be in personality manifestations which an individual quite privately keeps to himself, on the whole our specific judgment concerning his personality is built up on how he appears and behaves in the eyes of others. Personality is the individual's social stimulus value.'

That the scientific study of personality cannot be confined within the limits of this definition is implicitly understood by the author. His point of view through the years has been an eclectic one, to judge from the evidence of the material that goes to make up this book. It seems that Dr. Healy, with his intense scientific curiosity, has at one time or another attempted to use and evaluate practically all the systems that have been put forward for the study of personality, from mental-testing to Jung's psychological types. The latter he had regretfully to give up because of the lack of any practical clinical value. The importance of heredity, constitution, environment, endocrine factors, metabolism, particularly as related to energy potential and energy output, are some of the factors discussed. His definition of constitution is the 'realized organism at each stage of its development—it is not, as is so often supposed, a fixed thing, but varies throughout life; it represents at any given moment the individual's total biological construction and functioning as these are related to his environ-

[1] The Thomas William Salmon Memorial Lectures of 1937.

ment; the essence of constitution is the pattern of physical response to stimuli'. To the reviewer, this seems to be well put, particularly as it relates to the problem of personality development. A remark, made almost incidentally, that very frequently what one denotes as heredity may merely be identification, is apropos at this time when there seems to be a swing back to rather rigid organic concepts in psychiatry. One of the fundamental problems in all studies of the rôle of heredity in the psychoneuroses and psychoses is just this. Is there any real justification in the light of our present knowledge for maintaining that certain psychoses or personality traits are inherited? The unknown territory for which the term 'heredity' was an expression of ignorance, is gradually being explored by deeper studies of the early development of the individual. Although he lays great stress on the process of identification, there seems to be a tendency towards a superficial use of psychoanalytic concepts. Identification for the author, seems to mean an introjection, at an unconscious level, of loved and admired objects only. Sufficient stress is not laid upon the fact that identification is also an important mechanism of defense to the ego; for not only the loved object, but also the threatening object is introjected and there is thus an avoidance of anxiety. This exceedingly important dynamic mechanism for the structure of both the ego and superego is not elaborated. Recognition is given to the influence of the child's immediate environment, particularly family relationships, and the genetic influence on the child throughout life is emphasized. The influence of culture patterns is discussed with some pertinent remarks on current problems of social ideas and patterns so dominant in totalitarian countries of today.

The case of Orvil, which the author cites, and the techniques used for studying and evaluating this individual, are a combination of autobiography in the accepted sense, mental-testing, 'objective' data obtained from the parents, and also one hundred hours of psychoanalysis which were apparently confined to 'free association'. Again judging from the evidence presented in the book, one must emphasize critically what appears to be the author's tendency to a rather surface use of psychoanalytic technique. Granting that the medium through which he presents the material is not particularly suited to a demonstration in detail of psychoanalytic data, one would nevertheless expect a deeper under-

standing of the freudian point of view. It is not sufficient to present as a psychoanalytic study merely some reconstructions, whether obtained by free association or by other methods, which go back to childhood and throw light on some general relationships.

The author draws upon his tremendous practical experience for a discussion of such problems as education, leadership, business relations, and legal attitudes as they are affected by the interplay of personality factors. Throughout the book, there is an emphasis on unconscious motivations which shows the author's recognition of the tremendous importance of these. He is concerned with personality as a dynamic process and not as a conglomeration of so-called character traits. The book is of particular value insofar as it enables one to evaluate the methodology and points of view of a foremost worker in his field.

M. RALPH KAUFMAN (BOSTON)

EIN ARZT DER SEELE (A LIFETIME OF MENTAL HEALING). By Albert Moll. Dresden: Carl Reissner Verlag, 1936. 282 pp.

There would be no reason to review this autobiography were it not an excellent example of the obsolete wholesale rejection of psychoanalysis. Moll was known to the world some fifty years ago as the discoverer of the instincts of contrectation ['spooning' Ed.] and detumescence. He is of Freud's generation, at one time knew Charcot in Paris and Bernheim in Nancy, and devoted his life to psychotherapy. When Freud startled the world with his discoveries, Moll, with many other contemporary investigators, felt their own findings undermined and continued their activities in different schools. In part they based their further work on exploded premises and they had to defend it against the import of the new psychoanalytic theories. This resulted in much foolish talk devoid of good will and dignity.

'In my opinion Freud's sexual interpretations of dreams are wrong, likewise his œdipus complex and similar ideas. One of these false statements is that during a certain time of his life the boy hates his father and loves his mother. It is commonly observed that in many cases the boy prefers to kiss his mother rather than his father's whiskers and Freud generalized such events.' Isn't this great? Barbasol ending the œdipus calamity!

'Although unusual fuss was made about psychoanalysis I will be brief about it. I have always fought it and in my opinion

very little of it will remain in psychotherapy. . . . I have hardly ever seen a man cured and innumerable people have become worse by psychoanalysis and have suffered the loss of their money. Since the appearance of his theories on dream symbolism, I have devoted a considerable part of my life's work to the fight against Freud just as I have fought occultism and I did not work in vain. I have prevented many men, women and young girls from being sexually analyzed as the adept followers of Freud practiced it. . . .'

The quotations show the emotional hatred of a psychological Bourbon. There is not one straight, manly sentence in them. First Moll promises to be brief, then he repeats himself. Why does he not say: 'I never saw a man cured' instead of the vague: 'I have hardly ever . . .'? And is not the word 'innumerable' slightly exaggerated?

After having spent—as he himself boasts—a good deal of his life with his fight, he had the n—aïveté to pay a visit to Freud in Vienna about which he reports: 'It was unpleasant that Freud was so sensitive. He could not stand opposition and resented my fighting his doctrine or rather his fantastic flights of imagination. . . . I sent in my card but Freud received me with the words: "Nobody has dared to assault me as you have. You charge that we falsified case histories." In order to prove his point, he (Freud) fetched my book, The Sex Life of the Child, and with great agitation showed me one of my statements.'

Do we have to explain how comical this report is? Call a man a fraud and then be surprised that he is not disposed to be friendly! Hypersensitive indeed! In reality Moll is proud of the fact that Freud possessed and had read one of his books, that he succeeded in stirring up the great man's indignation. He knows very well the caliber of the giant whom he first defames and then expects to be unaware of the insult.

And so all through the book: 'The harm which Freud has done. . . . All the hotchpotch of the unconscious. . . . The frequent pretense that Freud and his disciples discovered and studied the unconscious is false. . . . He has contributed much to the confusion by mixing up the unconscious with the subconscious. . . . Anyhow I wish to set myself against the fairy tale that Freud has discovered the subconscious or the unconscious. . . . As Freud's sexual analysis has been essentially shipwrecked and

the number of his followers—as so often happens in psychic epidemics—begins to decrease rapidly . . . it can not be a matter of indifference if, contrary to the facts, one emphasizes Freud's merits in a certain field when even this recognition of merits is not due him.'

No one of us has ever said that the concept of an unconscious part in our psychic apparatus was Freud's discovery, though we had to bear the brunt of scientific opposition against it. Freud's contribution to this concept is the dynamic interrelation between the conscious and the unconscious (freudian mechanisms), also the detailed description of the laws and the language of the unconscious. The term subconscious has no place in psychoanalysis.

Two more examples of Moll's marked ignorance: Hermann Oppenheim, the famous neurologist, addressed Moll's society on 'Psychology of the Miser'. 'A funny inter-mezzo', says Moll, 'followed. A psychoanalyst discussing the address said that the speaker had not mentioned the most important point: the connection between stinginess and constipation. "Freud", he said, "rightly points to this connection. Stingy people do not even want to give away this precious possession, their fæces!" Actually Freud has emphasized the direct relation between fæces and gold as, according to this author, the popular joke of the little ducat man shows.' In the same dinosauric way Moll denounces the oral zone. Freud, he says, believes that thumbsucking by the baby is sexual. 'In this way Freud came to the unjustified conclusion that the lips are an erotic zone.'

This is essentially all Moll has to say about psychoanalysis. The rest of the book is shallow gossip and psychotherapy on the level of a tabloid column healer. The German is surprisingly bad. The man has done better before.

FRITZ WITTELS (NEW YORK)

STUDIES IN GENERAL PSYCHOLOGY, VOL. II. Edited by Christian A. Ruckmick. University of Iowa Studies in Psychology. Psychological Monographs. Psychological Review Publications, Vol. XLVIII, No. 2, 1936. 73 pp.

This monograph is devoted to further applications of psychogalvanic technique to the measure of 'feeling and emotion' and represents a continuation of earlier studies of the Iowa group in this field. The term *electrodermal response* (EDR) is suggested to replace the more frequently used *psychogalvanic reflex*. The

history of the use of the psychogalvanometer is briefly reviewed with pertinent references including those of contributions from this laboratory. It is pointed out that whereas the instrument was originally used to measure the strength of isolated reactions, this procedure has recently been replaced by the more comprehensive study of the pattern of reactions. Ruckmick carried this further into an investigation of continuous responses by use of music, and one of the authors of this series, D. Ulrich Greenwald, devised a method of recording these continuous reactions.

The technical work is original and carefully executed and recorded. The material is interestingly presented and makes an appeal to both the general reader and the investigator in psychological medicine. The analyst who is interested in instrumental measurement of emotional responses will find the papers well worth careful study, as the method of continuous recording described should have direct application in studying analytic hours.

The source of stimulation for continuous study was a series of silent moving pictures chosen for the particular group investigated. Each subject, examined individually, had his left palm in contact with the electrode while looking at the picture. The investigator could watch the subject through glass while tending to the apparatus in an adjoining room. The subject was instructed to mention any bodily sensations, affective reactions or ideas that occurred during the showing. His remarks were communicated by appropriate apparatus to the investigator who indicated the electrodermal response at the appropriate point on a photographic record. This data was synchronized with chosen points in the moving picture for further identification of response stimuli. During rest periods the subject was asked for further elaboration of his verbal responses.

The first of the series is a study of twenty subjects to determine individual differences in the electrodermal response. To test these a picture was employed with sufficient interest to hold the attention of the subject without arousing any strong emotion. Errors due to gross muscular movement were eliminated. Though it has been claimed that affective speaking can cause an EDR simply from the muscular movements alone, these investigators come to the opposite conclusion. They classified the verbal responses into groups showing affective response, those showing none, and those

which were doubtful. They found that 'without exception the reports which were affectively toned were those most often accompanied by dermal responses'. In a small minority, verbally reported feeling changes were unaccompanied by any dermal response, and in other cases there were EDR's without introspective report accompanying them.

The psychoanalytically oriented reader will be interested in the leads which the reported conscious responses, many of which are in the nature of free associations, give to the subject's unconscious. For example, one 'reported visualizing a girl who somewhat resembled the heroine in the picture and whom he remembered unpleasantly'. In another 'a checkered shirt worn by a character in the picture had caused him to imagine a valuable blanket that had been stolen from him. The EDR was a part of the total affective feeling relived whenever these images were aroused.' In another example given of correlation between a visual image and an EDR, 'O visualized a definite cot upon which he had lain while acting as O in other experiments. The response was called up by two separate views of a cot in the stimulus picture and O reported at the time of the second arousal. Two response dips are seen in the curve, the second at the time of the report. Instances such as these indicate that, in spite of instructions, many feeling changes occurred which remained unreported.'

The investigation reported in Electrodermal Responses of Abnormal Individuals was undertaken before that reported in the first paper, and is less well done. Its chief interest is in illustrative use of the *dermal response quotient* and charting of curves or 'profiles' for purposes of comparison. There is considerable question whether good clinical judgment was used in subjecting seriously ill mental patients to the stimulating and provocative films used in the tests. The conclusion that reactions were in conformity with the individual personality and its conflicts rather than characteristic of any disease entity was to be expected and checked well with the psychiatric histories.

Those interested in the technical aspects of an important source of error will find pertinent material in the paper entitled Effect of Movement on Electrodermal Response. Observations such as the following will give an idea of the content. The author finds that the period of latency for voluntary movement is considerably

shorter than the period of latency of a typical emotion, but that differences in periods of latency are not as evident in the case of passive movement and a typical emotion. If a response has a relatively short period of latency and a correspondingly longer period of deflection than another, it is likely that a movement and not an emotion accompanied it.

Degeneration of Emotional Responses Upon Reshowing of Motion-Picture Situations leads to conclusions that pseudo-danger situations such as slapstick comedy show the most rapid diminution of emotional response while the erotic situation and the danger situation of a personal character retain their affective elements the longest. The possibility suggests itself of utilizing some such method of study of recurring over-determined emotional cathexes as an index of recovery.

With the psychogalvanometer as with numerous other devices for measuring emotions, a constant source of error is the unconscious response accompanying or independent of the 'affective life as revealed by analytical verbal reports' dealt with in this series. One of the qualities which recommends the work is the careful checking of such sources of error as those introduced by muscular movements. It is disappointing, therefore, in reading the papers, to find little or no discussion of unconscious factors which obviously influence the results. One wonders whether the failure to do so is due to the prevailing attitude of the laboratory psychologist that the concept of the unconscious is unscientific. It is true that to arrive at anything like a correct evaluation, much more investigation of unconscious determinants operating under laboratory conditions is needed. Until such factors can be worked out, however, general conclusions drawn from studies like the foregoing have to remain tentative in so far as they attempt to measure emotional responses. One of the definite contributions of the monograph is the stimulation of suggestions for further research and especially psychoanalytic research. The study through continuous recording of physiological changes brought about by emotions represents one of the most promising fields of research in psychological medicine today. It is therefore to be hoped that there will be increasing opportunity for coöperative research between analysts and psychological laboratories of the caliber indicated by these studies.

GEORGE E. DANIELS (NEW YORK)

STUDIES IN THE PSYCHOLOGY OF ART, VOL. II. Edited by Norman C. Meier. University of Iowa Studies in Psychology. Psychological Monographs. Psychological Review Publications, Vol. XLVIII, No. 1, 1936. 172 pp.

These studies are on the whole very technical in nature and of interest primarily to the psychologist concerned with the application of tests for school children and art teachers interested in approximations of artistic abilities, appreciative and creative. The aim is summed up by the editor of the special studies: 'The research program was projected as a series of investigations, each contributing some advance toward one of the following problems: the nature and variation in the general population of artistic capacity and art ability (productivity); the conditions and limitations of learning in art education during the grade school and high school periods; the nature of the appreciation process and conditions affecting its functioning; and new approaches to the study of the creative mind.'

The papers, unless one is interested in the particular pedagogical problems involved, are dry and uninteresting. The point of view taken is academic in both the psychological and artistic senses. However, one could have no quarrel with this if it were not that in the preface a much more ambitious claim is made for these and other studies in the series. Here we read that 'the attitude of these published researches is not to wipe away æsthetic appreciation and artistic creation but to understand them better from the scientific angle and to learn their intricacies within the limits of scientific possibility'.

Any comprehensive and penetrating investigation of human behavior should take into consideration unconscious motives. These are particularly important in art which is frequently the product of sublimated infantile strivings and conflict. If the scientific investigation of a field is the aim, one must not be too concerned that the object of study will lose its intrinsic worth through such scrutiny. The product of good artistic creation actually stands on its own merits and will not be destroyed by uncovering the underlying unconscious motivation any more than the appreciation of a painting would be harmed by knowledge of the chemical composition of the paints. The difference is that in the process of understanding unconscious determinants the investigator or those profiting by such investigation may them-

selves go through an initial period of conflict and resistance while becoming familiar with the emotional determinants of the artistic product. This reaction is not truly destructive but a transitional one. Unfortunately, however, instead of an ultimate resolution of the conflict in the investigator, a crystallization of resistances may result, rendering him doubly blind.

It is to be hoped that if a comprehensive study of æsthetic and creative expression is continued, the pertinent contributions to this field made by psychoanalysis will not be overlooked.

GEORGE E. DANIELS (NEW YORK)

EDUCATIONAL PSYCHOLOGY. By Noel B. Cuff. Louisville: The Standard Printing Company, 1936. 377 pp.

The author says in his foreword that he has tried to avoid the error of presenting teachers and students with only an encyclopedic summary of known data. He divides his textbook into fifteen chapters, chiefly in order to have a convenient number of teaching units.

In chapters VII to XV he has been successful. These chapters deal with intelligence testing, individual differences in talent, and the problems arising therefrom. The psychology of the learning process as such follows: the questions of its economy and efficiency and the factors which influence it physically and mentally. The last of these chapters which is devoted to socialization and guidance, contains several excellent quotations; one wishes that the chapter might have been developed to greater length. These nine chapters present in a clear, well-ordered form what a student should know about the material. For teachers of psychology each of these chapters is followed by a section composed of questions and problems. These are divided into groups such as 'discussion', 'new type', and 'multiple choice'. There is also included a list of selected references at the end of each chapter.

Every textbook undergoes necessarily a process of compression which is, so to speak, its constitutional weakness. As mentioned above, the author was fully conscious of this danger; but the first six chapters, nevertheless, show the results of this weakness. They present an abundance of material which would certainly confuse students, and at the same time are an oversimplification, the dangers of which are well known to science and education. These chapters deal with heredity and environment, growth and develop-

ment, incentives and motives, feelings, attitudes and emotions, and finally mental hygiene. Certainly the selected references might aid students in clarifying their probable confusion. But do not the majority of students swallow the nice sounding words of textbooks, and without searching further, are they not pleased with this kind of nourishment? There is also something quite tempting in the possibility of being instructed about the problems of heredity, environmental influences, and their solutions in only fifteen pages! Compression may also account for some statements that are quite inappropriate. For example one finds: 'Psychiatrists have concluded that the common mental disorder known as dementia præcox may be due to the failure to develop right attitudes in childhood.' Such unusually complicated questions should not be included in a textbook of this sort. The dangers are obvious. Among the thirty-three references at the end of this chapter there is none to psychiatry.

The chapter on mental hygiene contains a section, 'maladjustments', with the subtitle, 'theories of maladjustments', in which the theories of Freud, Adler, Jung, and Watson are discussed. The paragraph about Freud begins thus: 'Sigmund Freud of Vienna, the founder of psychoanalysis, has introduced, directly or indirectly, many of the concepts on mental diseases. He had, as a young man, an interest in abnormal phenomena and worked out a theory that was at first fairly simple. However, the major problems of psychiatrists are not simple. Hence, his theory encountered many difficulties and Freud has gradually introduced more and more complications into it. . . .' Among the above named investigators Freud is given most space. Because of the limits of the book the presentation of the freudian doctrine had to be necessarily very brief; in the last paragraph it is stated that some of the bold hypotheses of Freud have proved to be so valuable that they have found a place in academic psychology. At the end it is stressed that psychoanalysis 'is not a panacea for all maladjustments'.

Immediately after the paragraph on Adler the percentage of children suffering from defective teeth in public school is discussed (between which one might be able to find a connection). The criticism of psychoanalysis consists of a presentation of Watson's opinions and those of some other behaviorist psychologists. In the section on types of maladjustment one finds a hodge-podge

of reasoning. The types are grouped as Extroversion, Introversion, Rationalization, Complex, Sublimation, Dementia, Manic-Depressive Psychoses. It seems to me that there is a juxtaposition of concepts which really have nothing to do with each other, at any rate as far as their use in psychiatry, psychoanalysis, and the psychology of types is concerned.

I do not believe that my criticism comes from the supersensitiveness of a specialist who does not find his own field as well presented as he might wish it. It is the discrepancies in quality between chapters I to VI, and VII to XV which makes this judgment unavoidable.

FRITZ MOELLENHOFF (BLACK MOUNTAIN, N. C.)

MENTALITY AND HOMOSEXUALITY. By Samuel Kahn. Boston: Meador Publishing Company, 1937. 249 pp.

This book reports a study of male and female homosexuals, most of them prisoners in the New York County Penitentiary and the Women's Workhouse. The object of the study was to diagnose homosexuality among the prisoners and to investigate the psychological status of homosexuals. The writer describes the methods used to lead the prisoners to an admission of homosexuality, reports family, past, and personal histories with particular attention to physical illnesses, venereal diseases, drug addiction, occupation, sexual habits and gives records of psychometric examinations.

His findings indicate that most of the individuals studied were members of large families in which there were emotional disturbances, marital difficulties and sometimes the early death of one or both parents. In the group studied nothing unusual in the way of physical illnesses was noted. Venereal disease among them was rare. Most of the homosexuals studied were drug addicts. The results of the psychometric examinations showed that the intelligence of the homosexuals in the prison was somewhat higher than that of the non-homosexual inmates. The large majority did not complete a grammar school education. An appendix to the book contains letters from one homosexual to another, records of case histories, and reports of psychometric examinations.

The writer summarizes various theories concerning the causes and development of homosexuality and describes other perver-

sions. Unfortunately the case material which he submits contains little to substantiate or disprove the theories discussed. He reports also methods of treatment for homosexuals. The work described, however, did not include treatment since the purpose was to study the group rather than to treat individuals; moreover, he reports that the prisoners did not wish treatment for their difficulties.

The book adds to the literature certain factual information about a large group of homosexuals. Five hundred were studied, seventy-five more carefully investigated. For those who study homosexuality from the psychoanalytic viewpoint, little is to be learned from this book which would lead to a deeper understanding of this condition. Although a number of case histories are submitted, they are almost entirely lacking in information about the early childhood and development of the individuals studied or about their present emotional situations and reactions.

RUTH LOVELAND (NEW YORK)

PSYCHANALYSE INFANTILE—SYMBOLISME ET VALEUR CLINIQUE DES CRÉATIONS IMAGINATIVES CHEZ L'ENFANT. (Child Analysis—The clinical value of symbolism and creative fantasies.) By Dr. Sophie Morgenstern. Paris: Editions Denoël, 1937. 109 pp.

This is a slim book of unusual interest in which Dr. Morgenstern presents clear-cut case material obtained from the analyses of children. She has made a study of the symbolism used by children to express their fantasies in play, dreams, stories, and drawings. After pointing out the parallelism in the 'metalogical' thinking and the power of magic of schizophrenic adults, primitives, and neurotic children in the attempt to gratify wishes which are either impossible or too difficult to gratify in reality, the author summarizes her approach to the problem as follows: 'We have compared the mental processes of children with those of schizophrenics and we consider that autistic thinking is based upon a painful experience, an affective trauma, which alienates the individual from reality. It is perhaps astonishing to find that the child is subject to many affective traumata in his life among adults. He is probably constantly humiliated by comparison with the adult. To be ordered about and obliged to carry out the orders given by adults, and to be unable to do the same things as grown

people—these are the dramas which are constantly enacted in the emotional lives of children. These traumata are attenuated by parental love which the child senses, by his own love for his parents, more particularly for one of them, or for his educators.'

Shut up in his own world as he is, the child nevertheless finds expression for his wishes and fantasies by means of play, daydreams, and dreams. Fifteen well chosen cases illustrate various mechanisms which accomplish these ends. The history of the patient is simply summarized in so far as it is pertinent to the material. 'In studying the play, dreams, and daydreams of the child, we find that these are often instrumental in assisting both the acceptance of reality and the eradication of an emotional trauma, for they sometimes replace those things which the child considered desirable but was forced to renounce, or wanted but was unable to get.' (Parts I and II.)

'. . . Those children who do not accept the reality situation created by their family life, or who, because of their overly severe and rigid superego, unsuccessfully try to repress the strength of their instinctual drives, do battle against their external and internal enemies by means of other defenses: they seek a solution not only in neurotic symptoms, but also in creative art—that is, in sublimation.'

Section III deals with stories by means of which certain children expressed their conflicts symbolically, in more or less transparent disguises. The child himself is often unaware of the deeper difficulties hidden in these tales but obtains cathartic relief from their creation. Some daydreams were illustrated by drawings which have in themselves significant symbolic interest.

By far the most valuable and unusual material in the book is contained in the fourth part: Drawing by Children—Its Origin and Its Aim from the Psychoanalytic Point of View. In a very dramatic fashion the problems of eleven children are correlated with their own pictorial expression of their conflicts during various phases of treatment. The most striking case is that of a boy of nine and a half years who had been intermittently mute for almost two years, mute in the presence of his father for one year, and totally mute for four months prior to his admission to the clinic. He was handicapped by a myopathy of the legs and a somewhat limited intellectual capacity. He expressed himself only by drawing but wrote no words. The physician's contact with him was

therefore entirely dependent upon his pictures and upon negative and affirmative gestures as responses. The boy vividly portrayed his fears of a terrifying man with prominent features and a visored cap. Most of the scenes took place at night as was indicated by an ever present moon, often endowed with the same anxious expression as that of the little boy in the pictures. There were other men with hats, huge pipes, clubs, guns, hatchets, and later during treatment, with tongue-like long beards which resembled heavy smoke coming from guns and locomotives in earlier pictures. Fear was also expressed by symbols such as enormous attacking birds, aeroplanes, and bizarre animals. After he had been at the clinic for some time the patient drew scenes in which the analyst had her hands cut off by the man with the beard and the hatchet for 'doing dirty things', and also had her stomach cut open. These were followed by frank castration scenes: the man castrates the boy with a huge knife or hatchet which is itself unequivocally a penis. His severed stomach and *'affaires'* are separately drawn. The man also cuts off the boy's tongue. The detail of all these pictures is of unusual interest. Later, when the child was able to speak, he gave elucidating information both about the content of the drawings and the events in his life which determined his fears. It became evident that the patient displaced his fear of being castrated for masturbation, from his penis to his tongue, and that his mutism was an expiatory sacrifice to avert castration by the father whom he himself wanted to kill. The boy's fear of the father's large penis is omnipresent.

Treatment was made possible by the transference in which he subjected the analyst (the mother) to those terrifying experiences which he himself feared, and after some reassurance, was able to express directly in connection with himself. While most of the material discussed with the patient dealt with castration anxiety and the hostile relationship between the boy and his father in the œdipus situation, there are indications in the drawings that he was also preoccupied with the primal scene and with pregnancy. As he made an excellent recovery with a good adjustment to the father it was considered unwise, for therapeutic reasons, to delve into these aspects of the problem and, although the drawings themselves are discussed from this angle by Dr. Morgenstern to a limited extent, they present the curious student of symbolism with pictorial evidence for further speculation. It is perhaps a pity

that a little more anamnestic background was not given for this extraordinarily interesting case.

Dr. Morgenstern concludes that while the little boy's difficulties are in themselves not of an unusual nature, 'these pictures seem to be of fundamental interest because they strikingly confirm the psychological laws which Freud has laid down in his theory of the neuroses. . . . In the psychoanalysis of adults we deal with reminiscenses of a trauma which was experienced in childhood. I believe that [here] we are seeing the conflict for the first time in what might be called its primordial condition as expressed in drawings motivated by the child's unconscious.'

BETTINA WARBURG (NEW YORK)

A PEDIATRICIAN IN SEARCH OF MENTAL HYGIENE. By Bronson Crothers, M.D. New York: The Commonwealth Fund, 1937. 271 pp.

Dr. Bronson Crothers has written a most stimulating and philosophical study of the position of the pediatrician in the physical and psychological care of the individual. He recognizes clearly the responsibility of the pediatrician for the welfare of the growing child and its future development. He acknowledges the significant contributions of psychiatrists, psychologists and teachers to these problems. He is, however, convinced that the pediatrician's primary duty has been, and in all probability will continue to be confined to the treatment of organic diseases. He has been for many years in search of some formula which would permit the inclusion of the study of behavior in the field of pediatrics.

I wish here to summarize the results of his search—results which unfortunately are not too definite because of the complexities of the subject. Admitting that if the pediatrician is to serve as a director of only the physical welfare of the child, much in his field of usefulness must be usurped by the mental hygiene group; he is certain however that any plan of coöperation with the mental hygiene group must never in any way interfere with the pediatrician's efficiency as an organic therapist. He states that there remains much to be done in the organic field of medicine in the purely physical care of the child. There must be much reorganization and restatement of the aims of preventive pediatrics before very much can be done to include disorders of behavior. He does not want the pediatrician to duplicate the work of the trained psychologist and is searching for some way in which coöp-

eration can best be achieved. He states that prevention of mental disease is not within the province of the pediatrician. The pediatrician also must not allow himself to treat the adult as a means of treating the child unless the pediatrician is ready to be responsible for the medical care of the adult as well.

Dr. Crothers is certain that a return to the traditional relationship of the general practitioner to the patient is not the answer. It has seemed to this reviewer that whereas going back to the traditional relationship would be no contribution at all, there was much to be said for that relationship enlarged to present day standards of practice. It is a good approach. It would require certainly a much more adequate training in the background of behavior than has been granted our medical students in recent years. It seems to me that the pediatrician can not continue dealing successfully with physical diseases alone. He is going to be called upon more and more as time goes on in the capacity of advisor in all branches of behavior and it behooves him to be well educated along these lines. Certainly many of the problems confronting the pediatrician from the behavior standpoint can be solved by him alone. More specialists will be needed of course. As we look to our specialists in x-ray to help us in the proper organic diagnosis, so we may look here to specialists in behavior for help with special psychological problems.

It is unfortunate that there is such a wide divergence between the medical organic and the psychiatric points of view. A complete coöperation is most necessary in the field of medicine if we are going to have an integration of preventive medicine, psychiatry and the social aspects of medicine in the study of the individual patient. The difficulties confronting such an integration need not be discouraging. The path is definitely marked, the mode of travel has to be worked out for student, practitioner, and hospital.

The reviewer highly recommends this book both to pediatricians and psychiatrists alike in the hope that it will form another helpful link in the better understanding of an integrated life through self-understanding.

Dr. Crothers has no immediate answer to the problem of his profound research of fifteen years. The search must go on and one day Archimedes' lever will be placed just right and the world will move.

M. R. BUCHMAN (SCARSDALE, N. Y.)

PERSONALITY DEVELOPMENT IN CHILDREN. By Ernest J. Chave. Chicago: The University of Chicago Press, 1937. 354 pp.

'The purpose of this book', says the author, 'is to gather together facts and conclusions of different writers in the fields of child study, to show the varied approaches to an understanding of human nature, and to suggest some promising procedures for educators trying to help shape personalities' (p. ix).

Professor Chave's approach is excellent in that he views the child as a unified organism in whom all factors are interrelated, but his interpretations and suggested therapy are poor from the psychiatric point of view. Many of his concepts are in accord with his theological background. He is Associate Professor of Religious Education at the Divinity School at the University of Chicago.

The source material is exhaustive and expertly summarized. A valuable bibliography concludes each chapter. Although the author impartially presents the findings of numerous investigators, his own theological interpretations and opinions invalidate much of his material.

He elaborates in non-technical language the 'three main influences working together to shape the lives of children—heredity, environment and the growing self'. By far the best chapters are those dealing with 'biological equipment' which the author considers the basis for all integrated development. But even these chapters are incomplete because they do not bring out the interrelationship between physical and emotional factors—despite the author's statement that 'physique, emotions and intellect must be unified together through an integrated personality' (p. 11). For example, he remarks, '. . . if a child is to maintain good physical posture, the most needful factor is to have self-respect and high purposes. . . . He must feel a sense of spiritual worth, and his body should respond as a beautiful organ to his will' (p. 69).

Professor Chave's concept of the 'functional-psychological approach to the study and interpretation of personality growth' is seen in the following excerpt: '[This approach] deals primarily with the ego—the self-conscious phase of personality. . . . This type of study sometimes degenerates into an attempt to explain all behavior on the basis of one or two fundamental desires, such as those for food and sex, attributing any disorganization of personality to frustration or repression of these desires. The explanation

of children's behavior on the basis of these two primary desires is not realistic, for, though they may have strong food interest, sex desires are indistinct. Generalizations seem to have been based very largely upon data from case studies of persons who are somewhat mature. Interests of children have been found to be more in physical activities, in play, in getting attention and response, in satisfying a restless, vague desire to be doing something' (p. 18). It is typical of the book that it does not deal with the possible reasons for this 'restless desire'.

Professor Chave presents certain principles for treating the child as a unified organism, but he never mentions unconscious conflicts as a motivation of behavior and therefore his advice, although sound in parts, is superficial and directed toward influencing the ego. Often he merely gives warnings without indicating how to deal with emotional factors. For example: 'Emotional habits should be watched lest he [the child] become a victim of moods, tantrums, nervous strains or other dispositions which will handicap him' (p. 165); and 'difficulties with enuresis, or chance habits of masturbation . . . may require patient handling but should be kept from becoming adult worries' (p. 166).

The chapter on The Significance of Religion is exceptionally lucid and practical. The author outlines a 'functional concept of religion which can be made meaningful to children . . .' (p. 236). Unfortunately, the chapter on School Experiences is not of equal merit; in fact, it would be wholly inadequate were it not for the references to other investigators' findings.

Professor Chave's chief contribution is his excellent presentation of summarized data gathered by various authorities and researchers. The book falls short of its purpose in that the interpretations fail to do justice to the scholarly survey and integrated approach to the study of personality development in children.

MARGARET E. FRIES (NEW YORK)

THE SPECTACLE OF A MAN. By John Coignard. New York: Jefferson House, Inc., 1937. 252 pp.

'This book', the author states in the introduction, 'is the story of a year in a man's life during which he was being treated by analytical psychotherapy. Through the use of an actual case, it has been possible to illustrate the method of analytical treatment dur-

ing the hours in the consulting room, the modifications it effected in his character, and finally the new ways of living it precipitated.' The author carries out these aims with notable success.

The story begins with a letter, which the patient, Arnold Harvesting, writes to a psychoanalyst. In the letter he describes his symptoms and relates his history, including the incident which moved him to seek help. He is thirty-two years of age, and has suffered from extreme shyness and stammering from the age of eight. His father, an attorney, at first wished him to be a lawyer and taunted him with the speech defect which made this career impossible. His final choice of the engineering profession was determined by his desire to avoid contact with people. He had never been physically intimate with a woman and for ten years before the beginning of the story had not even kissed one. Shortly before applying for treatment he had made the acquaintance of Mary, a lively, attractive, and sympathetic woman. She makes advances to him and he falls in love with her. Without sending word to her, he leaves town unexpectedly to attend his father's funeral. When he sees her again after a two weeks' absence, she feels hurt, but he can not even realize that he has been inattentive. She breaks off the relationship. He has a feeling of loss, futility, and despair, and as a last resort turns to the analyst for help.

The first dream analysis begins during the patient's second visit. He has dreamed that Mary died. He is made acquainted with the method of free association, and with the existence of unconscious wishes and conscience. He wishes Mary to die because she abandoned him and he is afraid of being replaced by another man.

Presently, Harvesting again meets Mary and soon becomes her lover. The action of the book is the story of Harvesting's relationship with Mary, and with two other women. All important changes in his relationship with Mary develop in connection with turning points in his analysis, when, with the emergence of infantile memories, he gains insight into his present attitudes. The conquest of jealousy follows the analysis of an œdipus dream. He had wished to possess Mary completely, as he had once wished to possess his mother. In the new phase of his attitude toward her, he desires to overpower her completely; this is matched on her part by the wish to be completely subdued. The emergence of the memory of a primal scene in connection with a dream marks the end of this phase. The patient had wished to overpower

Mary as in fantasy his father had overpowered his mother. After this, Harvesting realizes that his relationship with Mary is inadequate because their outlook on life, their aims, and needs are different. He terminates the relationship, understanding that they could not be happy together. After a single erotic experience with another woman he realizes the inadequacy of purely physical enjoyment. He reaches an adult heterosexual relationship with a third woman. With the changes in his sexual attitudes his shyness and stammering disappear, his outlook on life changes, he becomes capable of enjoying success and happiness. Within a year his analysis is completely successful.

The combination of various forms in a literary creation is always intriguing. The author uses the following device: the book is supposed to be written by the analyst himself, based partly on his own contact with the patient, and partly on the patient's notes. Fortunately the author uses this framework loosely. The scenes of the love story itself are given in detail. The general form here is the same as in novels written in the third person. Frequently the author gives psychological motives for the actions of his character, based on psychoanalytic constructions. Where this occurs, the writing takes the form of a semi-popular scientific essay. The scenes in the analyst's office combine both forms. With few exceptions the author's literary technique is adequate.

The story is arresting, the characters vivid and concrete. The essay parts are usually clear. It is truly remarkable—how completely the author covers essentials in the psychoanalytic system of thought from the œdipus complex, primal scene, libido theory, transference, through the life and death instincts. It is likewise commendable that the author does no violence to the literary needs of his story nor to the concepts and principles that he is illustrating. He acknowledges in the introduction 'that he has in the following pages modified the classic analytic technique for the sake of clarity, since certain omissions and condensations were inevitable'. In this he is successful. The literary effect is achieved without distortion of method.

The layman will profit by reading the book for its informative value. An analyst, whether or not he accepts the constructions and technical concepts, will be interested in the full, vivid picture of a patient, not only during the analytic hour but throughout his daily life. The author must also be commended for his suc-

cess in expressing complicated concepts in non-technical language. For all these virtues, one tends to forgive the author for telescoping into one year what must have been a protracted analysis, to judge from the severity of the symptoms. It does make a better story and one might criticize him only for being biased in favor of psychoanalysis. BELA MITTELMANN (NEW YORK)

MANIA. By Lawrence M. Jayson. New York and London: Funk and Wagnalls Co., 1937. 263 pp.

Mr. Lawrence Jayson, if that is his real name, writes an autobiographical tale which falls easily into the category of horror and mystery novels which can be read in an hour of vicarious excitement and then closed with a yawn of forgetfulness. His style is a facile and colloquial one. He utilizes dramatically alleged episodes in his experience from the moment when a commanding inner voice told him to attempt suicide by drowning until his final discharge from the mental hospital, 'Druryville', where he was rehabilitated. His adventures, as little by little he found the panic fears that characterized his illness to be unjustified, and the life he lived at the institution constitute the material of the story. The real mystery in the case remains unsolved. Mr. Jayson ostensibly recovered from a psychosis diagnosed dementia præcox more rapidly and completely than could have been anticipated and no medical explanation is given.

The author's account of the social life and activities and the general handling of the inmates of 'Druryville' should be informative for the lay reader. He makes a moderately successful effort to show to the public that mental patients are still human beings, therefore not to be stigmatized; that life in a modern mental hospital is not without its pleasurable side and for many may even be a comfortable refuge. ELIZABETH G. WADLEIGH (NEW YORK)

GUIDING YOUR LIFE. By Josephine A. Jackson, M.D. New York and London: D. Appleton-Century Co., 1937. 343 pp.

This book is intended to furnish helpful advice and directions to mothers, teachers and others handling young children. While there are some shrewd observations on the behavior of children, the general presentation is discursive and superficial. The author's underlying anxiety in dealing with sexual problems of childhood is apparent throughout and is especially striking in her sections on

masturbation, in which she exhorts each mother to a constant and everlasting watchfulness until this 'not to be thought of search for sensation' is given over once and for all (p. 11), lest the growth of the organs be interfered with by their being played with or handled! (p. 27). There is little grasp of the dynamics of emotional development of the child, but rather the presentation of a large number of discrete situations to be manipulated into complacency. The book combines the literary tones of an old fashioned syndicated health column and a book of mental hygiene recipes. It is full of popularizing devices of catch words and phrases, and liberally interspersed with anecdotes and questions-and-answers. PHYLLIS GREENACRE (NEW YORK)

THE PRINCIPLES AND PRACTICE OF CLINICAL PSYCHIATRY. By Morris Braude, M.D. Philadelphia: P. Blakiston's Son and Co., Inc., 1937. 361 pp.

Dr. Braude has written a text book of clinical psychiatry of ambitious proportions and scope. Being impressed with the bewilderment of medical students in the 'seeming inchoate, controversial and uncertain position' of psychiatry, he wishes to ease their lot.

The book is divided into four parts: an introduction; a section on the major psychoses; one on the neuroses and psychoneuroses; and one entitled simply 'Miscellaneous'—which includes malingering, mental deficiency and psychoanalysis. The book attempts to cover too much. One wonders whether the author has not drawn too readily on the incompletely digested notes of clinical cases, expanded through the addition of general observations which increase the bulk but do not clarify. Neither psychiatric concept nor description of neurotic syndromes is presented with sufficient precision and economy to be forceful. Consideration of many practical details of management tends, against this background, to increase the sense of disproportion and confusion.

The medical students will still need help.

PHYLLIS GREENACRE (NEW YORK)

LOVE AND HAPPINESS. INTIMATE PROBLEMS OF THE MODERN WOMAN. By I. M. Hotep. New York: Alfred A. Knopf, 1938. 232 pp.

The author of this book prefers to remain unknown. His purpose is best stated in his own words: 'All of which may not be of

interest to the uneducated girl, but I am not writing for her, because she will never read this book. I am writing for women who can think and are puzzling over their problems. These paragraphs may help them to formulate in their minds just what it is that they are seeking.' (p. 162). The illustrative material of the book is based on several questionnaire surveys and the writer's own experience with patients who came asking advice. He handles the problem of generalities by addressing his various chapters to unmarried women in different age groups and includes also widows and married women.

The author is not a little proud of his broadmindedness which he holds up as an example to other physicians. He whole-heartedly condemns the 'repressive hand' of the church which has 'succeeded in casting its blight of joylessness on a surprisingly large percentage of the marriage beds of this country' (p. 21). His manner of writing is facile and occasionally slipshod.

The analyst will find nothing new in this book. The suggestions for the women for whom it is written are not essentially different from the platitudes which have been chanted down the ages. The ideas are based on common sense, hygiene, and tolerance, and the woman who does not readily respond to any one of these approaches to her problems is labelled 'psychopathic' and cursorily disposed of in the section entitled *'Women who had better remain single'*.

RUTH MATTISON (YONKERS, N. Y.)

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H. NUNBERG: Homosexuality, Magic and Aggression.

MELITTA SCHMIDEBERG: Intellectual Inhibition and Disturbances in Eating.

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FRANZ ALEXANDER: Remarks about the Relation of Inferiority Feelings to Guilt Feelings.

M. N. SEARL: A Note on the Relation between Physical and Psychical Differences in Boys and Girls.

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BEN KARPMAN: The Kreutzer Sonata.

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EDMUND BERGLER: On the Resistance Situation: The Patient Is Silent.

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RUTH MACK BRUNSWICK: En supplément à l' "histoire d'une névrose infantile" de Freud *(A Supplement to Freud's 'History of an Infantile Neurosis').*

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EMMANUEL VÉLIKOVSKY: Jeu de mots hébraïques. Une langue nouvellement acquise peut-elle devenir la langue de l'inconscient? *(Play on Words in Hebrew. Can a Newly Acquired Language Become the Expression of the Unconscious?)*

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HAROLD D. LASSWELL: What Psychiatrists and Political Scientists Can Learn from One Another.

WILLIAM V. SILVERBERG: The Personal Basis and Social Significance of Passive Male Homosexuality.

KINGSLEY DAVIS: Mental Hygiene and the Class Structure.

JOSEPH CHASSELL: A Clinical Revision of the Experience Variables Record.

ALBERT MILLARD DUNHAM, JR.: The Concept of Tension in Philosophy.

HARRY STACK SULLIVAN: Psychiatry: Introduction to the Study of Interpersonal Relations.

NOTES

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will meet in two sessions, one at the Edgewater Beach Hotel, Chicago, Illinois, June third and fourth, the other, in joint session with the Psychoanalytic Section of the Amercian Psychiatric Association at the Hotel Fairmont, San Francisco, California, June eighth and ninth, 1938. The officers of the American Psychoanalytic Association are: A. A. Brill, M.D. (New York) Honorary President; Franz Alexander, M.D. (Chicago) President; Lewis B. Hill, M.D. (Baltimore) Vice-President; Lawrence S. Kubie, M.D. (New York) Secretary; M. Ralph Kaufman, M.D. (Boston) Treasurer.

Papers to be read at the Chicago session: Dr. Bertram D. Lewin, A Psychoanalytic Study of the Relationship of Knowing and Believing; Dr. Helene Deutsch, The Trauma of Operation; Dr. H. Flanders Dunbar, Character and Symptom Formation; Dr. Bettina Warburg, Suicide, Pregnancy Fantasies and a Pregnancy in the Same Patient; Dr. C. P. Oberndorf, Time and Reality; Dr. Sandor Rado, Looking Medically at Instinctual Drives; Dr. Otto Fenichel, The Misapprehended Oracle; Dr. Caroline B. Zachry (by invitation), Contributions of Psychoanalysis to the Education of the Adolescents; Dr. Edith Buxbaum (by invitation), Gangster and Detective in Child Analysis; Dr. Felix Deutsch, The Associative Anamnesis; Dr. Robert P. Knight, Projection, Introjection, and Identification; Dr. John A. P. Millet, Art as a Medium for Encouraging Return to Reality; Dr. Robert Fliess, Problems of Ego Analysis; Drs. Bela Mittelmann and Harold J. Wolfe (by invitation), Affects and Skin Temperature; Dr. Margarethe Ribble, Latent Oxygen Hunger as a Factor in Infantile Anxiety; Dr. Milton L. Miller, A Study of Blood Pressure in Relation to Inhibited Aggressions in the Psychoses.

Papers to be read at the San Francisco session: Dr. A. A. Brill, Determinism in Psychiatry and Psychoanalysis; Dr. Karl A. Menninger, An Outline for Recording the Dynamic Structure of Personality; Drs. Gerald R. Jameison and Gregory Zilboorg, Some Unsuccessful Reactions with Psychoanalytic Therapy; Dr. Dexter M. Bullard, Organization of Psychoanalytic Procedure in the Hospital; Dr. Franz Alexander, Emotional Factors in Essential Hypertension; Dr. Leon Saul, Hostility in Cases of Essential Hypertension; Dr. Thomas M. French, Psychogenic Factors in Asthma; Dr. Bernhard Berliner (by invitation), Psychogenesis of a Fatal Organic Disease; Dr. Norman Reider, Hospital Care of Psychoanalytic Patients; Dr. C. P. Oberndorf, Time and Purpose; Dr. Ernst Simmel (by invitation), The Libidinal Conflict of the Criminal; Dr. Robert P. Knight, Projection, Introjection, and Identification; Dr. Siegfried Bernfeld (by invitation), Experiments in Measuring Libido; Dr. David Brunswick (by invitation), A Theoretical Note on Passivity in Women; Dr. H. Flanders Dunbar, Character and Symptom Formation; Dr. Martin Grotjahn (by invitation), Akinesia After Vertriculography: A Contribution to the Problem of Sleep; Frances Deri, On Sublimation; Dr. Philip Lehrman, Psychopathology of Emotional Divorces; Dr. Marjorie R. Leonard (by invitation), Problems in Child Discipline; Dr. Bernard Kamm (by invitation), Psychoanalysis and Physiology (to be read by title).

THE NEW YORK PSYCHOANALYTIC INSTITUTE has published a report for the academic years 1934–1937. In a foreword, Monroe A. Meyer, M.D., Executive Director of the Institute states:

'When the members of the New York Psychoanalytic Society established the New York Psychoanalytic Institute in September 1931, they envisaged the accomplishment of numerous aims as the outcome of the founding of their Institute. Their unanimous sentiment imposed upon this institution the task of striving to attain a sixfold goal. The Institute was expected (1) to become a center for the training of psychoanalysts; (2) to carry forward a program of psychoanalytic research; (3) to develop a psychoanalytic clinic; (4) to foster the application of psychoanalysis to allied fields; (5) to present and represent psychoanalysis to the public, both medical and lay; and, (6) to afford a home for the Society, which would serve as the focus of the intellectual and cultural interests of its members.

The publication of this report—the second triennial report of the Institute—is an effort to depict how closely this organization has been able to approach each one of the goals that have been enumerated. A perusal of these pages will demonstrate that gratifying progress has been made in certain directions. Such a reading will show also that in some respects much remains to be achieved. It is in the domain of psychoanalytic training that the Institute has enjoyed its greatest measure of success. As regards the related fields, the Institute has attracted social workers, teachers, sociologists and anthropologists, who have attended courses both to learn from us and to teach us. Furthermore, many medical colleagues have taken the pains to acquaint themselves with our viewpoints and have come to respect our efforts. On the other hand, the operation of a psychoanalytic clinic, the pursuit of a program of organized research, the creation of a registry for statistics and the maintenance of a bureau of clinical information—all interrelated—remain prospects for the future. Nor has the house of the Institute become as intimate a home for the Society as had been hoped.'

There is a description of The Present Status of the Institute by Bertram D. Lewin, M.D., President, who says in part:

'The New York Psychoanalytic Institute completed its sixth year of work in September 1937. Prior to its organization the training of physicians for the practice of psychoanalysis in New York City was carried on under the general supervision of an Educational Committee of the New York Psychoanalytic Society. The Institute was established by the Society in order to raise the quality of this training and to provide a thorough curriculum, which any student could pursue with justifiable confidence that on its completion he would be well equipped for the practice of his chosen specialty. Although there always remains room for improvement, the Institute is serving this basic purpose in a satisfactory fashion, and the opportunity which it is providing for the study of psychoanalysis is answering a widespread and articulate demand, especially among the younger psychiatrists.'

Adolph Stern, M.D., Chairman of the Educational Committee, gives a report of the Educational Activities of the Institute. The Educational Director of the Institute, Sandor Rado, M.D., has contributed an essay on Scientific Aspects of Training in Psychoanalysis.

THE AMERICAN JOURNAL OF PSYCHIATRY, Vol. 94, March 1938, contains the following comment on Professor Sigmund Freud, quoted here in full: 'We have for a long time witnessed in silence the indignities and cruelties inflicted on men and women and their families, some of them our colleagues and friends, many of them distinguished contributors to the fine culture that was Germany's. We have been silent because we well knew that to express our feelings through vehement protest or condemnation would be to the disadvantage of those for whom we would speak. It is not that an assault on a home is unique. It is all too common; but a special poignancy is added to our distress at this time for it is reported that the home of Professor Sigmund Freud has been invaded, his passports taken, his personal effects disturbed. The following message signed by the President of the Association has been sent through our Secretary of State to the German Foreign Office: Speaking in the name of American psychiatry for 2000 American psychiatrists I voice our earnest hope that everything possible be done to protect Professor Sigmund Freud of Vienna from disturbance. Professor Freud, who has contributed so magnificently to medicine and to the welfare of humanity, is a sick old man. His hundreds of friends in America are deeply concerned about him, beg that every consideration be given him and that his home be kept peaceful.—R.M.C.'

PSYCHIATRY, a Journal of the Biology and the Pathology of Interpersonal Relations, a publication dedicated to the memory of William Alanson White, published by the William Alanson White Psychiatric Foundation, Washington, D. C.—has appeared in its first number. . . . 'The journal is addressed not alone to psychiatrists and psychiatric research personnel in the narrower sense, but to all serious students of human living in any of its aspects, and to those who must meet pressing social needs with current remedial attempts. Its editorial policy, administered by the Publications Committee of the Foundation, seeks to encourage mutual understanding throughout this large field.' . . . The Journal has an attractive format, and in addition to the original contributions listed elsewhere in this QUARTERLY, there are admirably edited departments of Editorial Notes, Reviews and Notices, Books New and Recent, Periodical Literature, and a Reference List of Contributing Authors.

THE NEW YORK PSYCHOANALYTIC INSTITUTE'S regulations governing studies in its Professional and Extension Schools were revised on March 8, 1938, as follows: *The Professional School* of the Institute offers training in psychoanalysis to physicians who desire to specialize in the practice of psychoanalysis.—*Enrollment:* The enrollment of professional students is a function of the Educational Committee. Entrance requirements are as follows: (a) Scientific training: (i) Before he may be enrolled as a professional student, an applicant must have received an M.D. degree from a medical school accredited by the A.M.A., and must have served a general interneship for one year at a hospital approved by the A.M.A. (ii) Before beginning his professional training in psychoanalysis, a student must have completed one year of full time psychiatric work with

in-patients in a mental hospital recognized by the A.M.A. (b) Personal suitability: An applicant must satisfy the Educational Committee as to the maturity of his personality, the integrity of his character, and his aptitude for psychological work. (c) Pledge of good faith: Before enrollment the applicant must pledge himself in writing neither to conduct psychoanalytic treatments nor to represent himself as a practitioner of psychoanalysis, until he is authorized to do so by the Educational Committee. He must also acknowledge the receipt of a copy of these Regulations. Procedure of enrollment is as follows: An applicant must fill out an application blank indicating his previous scientific training, and must submit this to the Educational Committee together with the pledge of good faith. His application must be accompanied by an enrollment fee of twenty-five dollars. The Educational Committee will then designate a special sub-committee to interview the applicant to determine his personal suitability. The decision as to the enrollment or rejection of the student rests with the Educational Committee. If training is not begun within one year, because of delay for which the student is responsible, his enrollment becomes void.—*Curriculum:* The curriculum of the Professional School comprises (1) The preparatory analysis: The foundation of the curriculum is the analysis of the student. The duration of this preparatory analysis is determined by the analyst who performs it (to be called the 'Analyzing Instructor'), and depends upon the needs of the individual student; but it shall consist of not less than three hundred analytic hours. If a student fails in his preparatory analysis, he may be given permission by the Educational Committee to make a second attempt with another analyzing instructor; but a second failure in the preparatory analysis terminates the student's enrollment. The student selects his analyzing instructor from a list provided by the Educational Committee. The arrangements as to time and compensation are made privately between the student and the analyzing instructor. A student must report the start of his preparatory analysis to the Educational Committee. (2) Theoretical instruction: Theoretical instruction begins only when the student is so advised by his analyzing instructor. Thereupon he must attend the program of lecture courses and seminars prescribed by the Educational Committee. In addition, he may select such optional courses as are available. The fee for each course is indicated in the announcements of the Institute. (3) Supervised clinical work: The Educational Committee authorizes the student to undertake supervised clinical work upon receiving the report of the analyzing instructor that the student either has successfully completed his analysis or has advanced sufficiently to warrant the beginning of such work. Thereupon the student is allowed to undertake the analytic treatment of selected patients under the guidance of an analyst, to be called the 'Supervising Instructor'. When granted permission to undertake supervised clinical work, the student becomes a 'Senior Student' in the Professional School. The minimal requirements for supervised clinical work are: (a) the treatment of at least two patients for one year each, and (b) at least fifty sessions with the supervising instructor. It is highly desirable that whenever feasible, the treatment of at least one case should be carried to completion while under supervision. If the student's work proves unsatisfactory, he may be permitted by the Educational Committee to seek additional preparatory analysis; after

further preparatory analysis and upon the recommendation of his analyzing instructor, he may again be allowed to attempt supervised clinical work. A second failure in supervised clinical work terminates the student's enrollment. The student selects his supervising instructor from a list provided by the Educational Committee, except that the instructor chosen to supervise the clinical work shall not be the instructor who has been in charge of the preparatory analysis. The arrangements as to time and compensation are made privately between the student and the supervising instructor. The student must report the beginning of his supervised clinical work to the Educational Committee. With the permission of the Educational Committee, the student may work with more than one supervising instructor successively but not simultaneously. (4) Clinical conferences: After a student is admitted to supervised clinical work he must attend at least fifty sessions of clinical conferences. However, if his supervised clinical work has not been completed by the time that he has met this requirement, he must continue to attend clinical conferences throughout the remainder of his supervised clinical work. The fee for each series of clinical conferences is indicated in the announcements of the Institute. In the clinical conferences the student must make, apart from short communications, at least three comprehensive presentations of clinical material from his own clinical experience.—*Endorsement:* Upon the receipt of favorable reports from the analyzing instructor, from the supervising instructor, from the instructors in charge of theoretical seminars and from the instructors in charge of clinical conferences, the Educational Committee may endorse the student's training as complete. However, since the requirements outlined above are only the bare minimum of the training which is necessary for an adequate preparation, the Educational Committee retains the right to refuse endorsement to any student whose pursuit of these studies and whose fulfillment of these requirements appear to have been carried out in a purely perfunctory manner.—*Credits for Studies Begun Elsewhere:* A physician who applies for enrollment in order to complete professional training in psychoanalysis which he has started elsewhere, must meet the entrance requirements of the Professional School of this Institute. He may receive credit for a preparatory analysis, for theoretical instruction or for both, provided that such work meets the minimal standards of this School. No credit will be allowed for supervised clinical work performed elsewhere or for clinical conferences attended elsewhere.—*Expiration of Enrollment:* If within five years from the beginning of the preparatory analysis the student fails to complete the course of training, his enrollment expires. He may apply to the Educational Committee for reënrollment.—*Advanced Study:* Members of the New York Psychoanalytic Society or of other recognized psychoanalytic societies, and endorsed students of the Professional School of the New York Psychoanalytic Institute may at all times avail themselves of the opportunities for advanced study offered in the Professional School of the New York Psychoanalytic Institute.—*Reëndorsement of Training Completed Abroad:* Any physician who has received his psychoanalytic training abroad may apply to the Professional School of this Institute for reëndorsement of his training. In compliance with Section *I, b* of the 'Minimal Standards for the Training of

Physicians in' Psychoanalysis' of the American Psychoanalytic Association, the Educational Committee of this Institute may reëndorse training completed abroad, provided that, (a) this training has been received at and has been endorsed as complete by an Institution of equivalent standing abroad, (b) the Committee finds that the applicant meets the entrance requirements of this School, and (c) the Committee finds that the applicant's training meets the minimal standards of this School.—*General Provisions:* All professional students must comply with the rules and regulations of the New York Psychoanalytic Institute. Their enrollment may be cancelled by the Educational Committee for cause.———*The Extension School* of the Institute offers instruction for purposes other than the psychoanalytic treatment of patients. Students who register in the Extension School shall be called 'Extension Students'.—*Courses in the Extension School:* (1) Informative courses (lectures and seminars) on psychoanalysis for members of the medical profession who do not intend to practice psychoanalysis. (2) Courses (lectures and seminars) for social workers, teachers, nurses, lawyers and other professional groups who desire to apply the psychological findings of psychoanalysis to the theory and practice of their respective fields. (3) Lectures for the general public.—*Selected Courses in the Professional School:* Some of the courses given in the Professional School are open to extension students according to the specifications contained in the announcement of each such course. Extension students are not admitted to courses on technique or to clinical conferences. Extension students must comply with the rules and regulations of the New York Psychoanalytic Institute. Their registration may be discontinued by the Educational Committee for cause.———*Research workers* in fields other than therapeutic psychoanalysis who seek instruction in psychoanalysis as an aid in their work, may apply to the Educational Committee for enrollment as 'Research Students'. The Educational Committee shall appoint a sub-committee whose duty it shall be to interview such applicants in order to determine their eligibility for enrollment as research students, and to work out with them a plan of study suited to their respective needs. Approval of this plan of study by the Educational Committee constitutes the enrollment of the applicant as a research student. Within the provisions of this plan the research student may avail himself of the opportunities for study offered in the New York Psychoanalytic Institute. Research students must comply with the rules and regulations of the New York Psychoanalytic Institute. Their enrollment may be cancelled by the Educational Committee for cause.

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE presented the following series of four lectures on the application of psychoanalysis to culture on April 22d, 29th, May 5th, and May 13th, at the Twentieth Century Club, Boston: Dr. Gregory Zilboorg, Episodes from Marcel Proust; Dr. John Dollard, Life History of a Negro; Dr. Hanns Sachs, Shakespeare's 'Measure for Measure'; Dr. Helene Deutsch, Biographical Contribution to the Psychology of Women—George Sand. The proceeds went to the Emigré Aid Committee.

SMITH ELY JELLIFFE. A neuropsychiatric symposium was held at the New York Academy of Medicine, Friday, April 22d, in honor of Dr. Jelliffe's thirty-fifth anniversary as editor of the Journal of Nervous and Mental Diseases. The symposium was followed in the evening by a dinner. Dr. Adolph Meyer made the Opening Address, and the speakers included Dr. A. A. Brill: 'Jelliffe, the Psychiatrist and Psychoanalyst', and Dr. Karl Menninger: 'Somatic Correlations with the Unconscious Repudiation of Femininity in Women'.

THE THOMAS WILLIAM SALMON MEMORIAL LECTURES, Sixth Series, were delivered by Dr. David Kennedy Henderson, Physician Superintendent of the Royal Edinburgh Hospital for Mental Disorders, on April 18th, 19th and 20th, at the New York Academy of Medicine. The subject: Psychopathic States Considered from the View of 1. Their Place in Psychiatry; 2. Their Characteristics as Evidenced by Aggression, Inadequacy, and Creativeness; 3. Their Understanding and Synthesis. Dr. Henderson is Professor of Psychiatry at the University of Edinburgh.